Waukee Community School District Professional Growth Form

2010-11

Name of Teacher: Name of Evaluator:

**Essential 10 Components** (for those teachers who are new to the profession in years one and two and those teachers who are new to Waukee):

**Component: Performance Level:**

|  |  |  |
| --- | --- | --- |
|  | Year 1 | Year 2 |
| 1c. Setting Instructional Outcomes |  |  |
| 1e. Designing Coherent Instruction |  |  |
| 1f. Designing Student Assessments |  |  |
| 2b. Establishing a Culture for Learning |  |  |
| 2c. Managing Classroom Procedures  |  |  |
| 2d. Managing Student Behavior |  |  |
| 3b. Using Questioning and Discussion Techniques |  |  |
| 3c. Engaging Students in Learning |  |  |
| 4a. Reflecting on Teaching |  |  |
| 4c. Communicating with Families |  |  |

**“Next 5” Components** (for those teachers new to the profession in year 3 in Waukee).

**Component: Performance Level:**

|  |  |
| --- | --- |
| 1a. Demonstrating Knowledge of Content and  Pedagogy  |  |
| 1b. Demonstrating Knowledge of Students |  |
| 2a. Creating an Environment of Respect and  Rapport |  |
| 3d. Using Assessment in Instruction |  |
| 4f. Showing Professionalism  |  |

Signature of Teacher: Date:

Signature of Evaluator: Date

**Teacher Acknowledgement:** I have reviewed this document and discussed the contents with the evaluator. My signature means that I have been advised of the contents of this observation and does not necessarily imply that I agree with the results.