**Teacher Evaluation Summary Form**

Teacher’s Professional Goal and Strategies are set in September- October. Administrator and teacher discuss this evaluation form and set a professional goal and strategies for the current school year in September or October. Please refer to [Catechesis in the Catholic School Rubric](https://aopelementary.org/wp-content/uploads/2022/05/Catechesis-in-the-Catholic-School-Rubric-2013.pdf) and [Framework for Teaching Professional Rubric](https://aopelementary.org/wp-content/uploads/2022/05/Framework-for-Teaching-Professional-Rubric-2011-Elementary.pdf) for fuller understanding of expectations for a teaching professional. This evaluation is based upon formal and informal classroom observations and conferences on the part of the administrator during the school year.

Please send this completed form to Jeanne Stietz (jstietz@archphila.org). **Be sure to keep a copy for your own files.**

|  |  |
| --- | --- |
| **Submitted By**: Enter Name of Person Submitting this Form | **Date:** Select Date |
| **School:** Enter School | **County:** Select County |
| **Principal:** Enter Principal Name | **Email:** Enter Email | **Phone:** Enter Phone # |

|  |  |
| --- | --- |
| **Teacher Name:** Enter Teacher Name**Teacher Maiden Name, if Applicable:** Enter Teacher Maiden Name | **SS#:** Enter SS # - last 4 digits(last 4 digits only) |
| **Start Date:** Select Date | **Full-Time** [ ]  **Part-Time** [ ]  |
| **Teacher Address:** Enter Teacher Address. |
| **City:** Enter City. | **State:** Enter State | **Zip Code:** Enter Zip Code |
| **Email:** Enter Email | **Cell Phone:** Enter Cell Phone | **Home Phone:** Enter Home Phone |
| **Grades/Subjects:** Enter Grades/Subjects Taught |
| **Level of Degree:** Degree or # of Credits | **Total Years Teaching:** Enter Total Years Teaching |
| **# of Years in Archdiocesan Schools:** Enter # of Years | **# of Years in Current School:** Enter # of Years |
| **PA Certification:** [ ]  **Instructional I** [ ]  **Instructional II** | **Areas:** Enter the areas of PA Certification |
| **Religious Education Certification:** [ ]  **YES** [ ]  **NO** | **# of Credits:** Enter the # of Religious Education Cert |

|  |  |  |
| --- | --- | --- |
| **Teacher Name**: Enter Teacher Name | **SS#:** Enter SS # - last 4 digits(last 4 digits only) | **Date:** Select Date |
| **School:** Enter School | **County:** Select County |

|  |  |  |  |
| --- | --- | --- | --- |
| **4 = Distinguished** | **3 = Proficient** | **2 = Basic** | **1 = Ineffective** |

|  |
| --- |
| **Domain** |
| **Category** | **Rating** |
| Framework for Catechesis in Catholic School | Rating |
| Domain 1: Planning and Preparation | Rating |
| Domain 2: Classroom Environment | Rating |
| Domain 3: Instruction | Rating |
| Domain 4: Professional Responsibilities | Rating |

|  |
| --- |
| **As of This Date, Does the Teacher Intend to Return to a Teaching Position at This School?** [ ]  **YES** [ ]  **NO** |

|  |
| --- |
| **Administrator’s General Commendation/ Recommendations: (Optional)** |
| Comments |
| **Teacher’s General Comments: (Optional)** |
| Comments |

|  |  |
| --- | --- |
| **Teacher Signature:** (*The teacher’s signature indicates only that the teacher has read and discussed this form with the administrator.*) | **Date:**  |
| **Administrator Signature:**  | **Date:**  |