Updated Fall 2017

# PALOMAR COLLEGE

**EARLY CHILDHOOD EDUCATION LAB SCHOOL**

**PERMANENT TEACHER EVALUATION REPORT**

**ANNUAL**

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Classroom \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This annual report will be added to the permanent teacher’s tri-annual evaluation report.

When the committee members are finished reviewing and discussing each component of the evaluation the committee chair will complete the **Annual Permanent Evaluation Report**. The various components will include:

1. lesson plans and lesson plan review and b. ECERS or ITERS

Please attach supporting documents.

***Definitions of evaluation categories:*** *(based on Standards of Performance for Early Childhood EducationTeachers)*

***High Professional Performance*** *-**Frequently exceeds accepted standards of professional performance. (Check this box when the teacher's professional performance is beyond what is reasonably expected.)*

 ***Standard Professional Performance*** *- Regularly meets accepted standards of professional performance. (This is the standard of performance that is expected of all teachers when they are hired and they are expected to maintain this level of performance throughout their tenure at Palomar College.)*

***Performance Needs Improvement*** *- Does not consistently meet accepted standards of professional performance.*

 ***Unsatisfactory Performance*** *- Does not meet minimal standards of professional performance.*

***Comments for each of the following are highly encouraged*.** It is appropriate to write positive comments for meaningful feedback and encouragement for each question where it applies. If a “Needs Improvement”, “Unsatisfactory Performance”, or “No” is checked, ***comments are required.***

1. The teacher creates weekly lesson plans that demonstrate developmentally appropriate activities and materials for the assigned children. The teacher will follow the approved lesson plan format, including all supplemental pages. Lesson plans are complete, well developed, and implemented records of what is going on in the classroom on a daily basis.

 [ ]  High Professional Performance [ ]  Standard Professional Performance

 [ ]  Needs Improvement [ ]  Unsatisfactory Performance

 **Comments:**

2. The teacher maintains a clean and healthy classroom environment that follows ECERS or ITERS standards to at least the minimum score required by the State of California Department of Education. The teacher maintains a classroom that follows Community Care Licensing standards, including general supervision of children at all times.

 [ ]  High Professional Performance [ ]  Standard Professional Performance

 [ ]  Needs Improvement [ ]  Unsatisfactory Performance

 **Comments:**

**Summary Comments and Recommendations** **(required**)

**Overall Recommendation:**

[ ]  High Professional Performance

[ ]  Standard Professional Performance

[ ]  Performance Needs Improvement

The Tenure & Evaluations Review Board will assist the peer review committee in developing a plan for improvement.

[ ]  Unsatisfactory Performance

The Tenure & Evaluations Review Board will assist the peer review committee in developing a plan for

improvement.

[ ]  Referral to Tenure & Evaluations Review Board

The Tenure & Evaluations Review Board will reach a consensus with the peer committee for the overall recommendation.

**Committee Signatures**

 Committee Chair:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

 Committee Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

My signature acknowledges that I have met with the committee chair and reviewed my peer review evaluation. It does not mean that I agree or disagree with this evaluation. I am aware that within ten business days I have the right to submit a response to this evaluation. I am also aware that this evaluation and my response, if any, will become part of my personnel file.

Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

**Administrative Signatures**

 My signature acknowledges that I have reviewed the materials.

 Division Dean:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

My signature acknowledges that I have reviewed the administrative signatures as well as received a copy of my evaluation.

 Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_