

**Bloomington Public School District 87 Professional Appraisal System
Form B: Conference Reflection for Specialists**

Specialist _____ School(s) _____

1. In general, how successful were your interactions with the student(s)? Did the student(s) accomplish what you intended? How do you know?
 - a. Describe the key components of your interactions or session with the student(s) that helped or hindered your overall student engagement (e.g. communication, discussion, questions, student grouping, materials/resources, pacing, instructional flexibility, etc.). (Domain 3: Delivery of Service)
 - b. What evidence do you have that the targets that were set were met? (Domain 3: Delivery of Service)
2. Comment on your management procedures, student engagement, and your use of physical space. To what extent did these contribute to student(s) accomplishing the desired goals and objectives?
3. Comment on different aspects of your interactions/engagement with students (e.g., activities, grouping of students, materials and resources). To what extent were they effective?
4. If you had an opportunity to have a similar session or interaction with this student or same group of students again, what would you do differently?
5. What did you learn that will help you with your professional practice in the future? What do you hope to be able to share with your colleagues after this session or interaction?

Note: The evaluator retains the right to reschedule the post-conference if the specialist has not engaged in reflection prior to this conference.

Bloomington Public School District 87 Professional Appraisal System

Form D: Final Summative Evaluation for Specialists

Specialist Name:

Location:

School Year:

Evaluator:

Specialist Years of Service in Bloomington:

Observation dates included in the basis of this summative evaluation:
Formal Observation Dates:
Informal Observation Dates:

Domain 1 – Planning and Preparation	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Proficient	<input type="checkbox"/> Excellent (Distinguished)
Domain 2 – The Environment	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Proficient	<input type="checkbox"/> Excellent (Distinguished)
Domain 3 – Delivery of Service	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Proficient	<input type="checkbox"/> Excellent (Distinguished)
Domain 4 – Professional Responsibilities	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Proficient	<input type="checkbox"/> Excellent (Distinguished)
Overall Rating	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Proficient	<input type="checkbox"/> Excellent (Distinguished)

We have conducted a conversation on the rubrics. The specialist has the right to attach written comments within (10) school days of completion of this form for inclusion in his/her personnel file maintained in the Human Resources Department.

Specialist Signature: _____

Date: _____

Signature indicates only that the Specialist has read and understands the evaluation.

Evaluator Signature: _____

Date: _____

Bloomington Public School District 87 Professional Appraisal System Form F: Individual Growth Plan Goal

Directions: Use Form E: Individual Growth Plan Self-Assessment to determine and develop an Individual Growth Plan Goal.

Individual Growth Plan Goal Criteria		
S	Specific Standards-Based	<ul style="list-style-type: none"> • Is the goal clearly focused on what is to be accomplished? • Why is this important? • Is it based on the <i>Framework for Library Media Specialist</i> practice?
M	Measurable	<ul style="list-style-type: none"> • Can this goal be measured? • Will I be able to collect evidence of achievement? • Is this goal based upon multiple sources of data?
A	Aligned and Attainable	<ul style="list-style-type: none"> • Is this goal aligned to district and school improvement goals? • Will resources be available to achieve this goal?
R	Relevant	<ul style="list-style-type: none"> • How will this goal enhance teaching/professional practice/craft? • How will this goal enhance learning opportunities for students?
T	Time Bound	<ul style="list-style-type: none"> • Can this goal be attained within the required timeframe?

- **When:** Provide time frame for goal process.
- **Who:** List the students or staff that will be involved in the goal.
- **What:** List specific area of teaching/student learning that needs to be improved
- **Data Source:** List data tool(s) that will measure progress of goal. Data tools include rubrics, checksheets, tests, etc.

Example focused upon 2c – Managing Classroom Procedure and 3c – Engaging Students in Learning: During 2009-10 (**WHEN**), the 6th Grade Cross-Disciplinary Team (**WHO**) will increase instructional learning time and student engagement at the beginning of class through 1) improved student transitions between core classes and 2) “high interest” Core Content bell work (**WHAT**), as measured by number of 25 or less tardy yellow slips and 90% student bell work completion (**DATA SOURCE**).

My Individual Growth Plan Goal (include when, what, who, and data source):

Bloomington Public School District 87 Professional Appraisal System Form H: Professional Development Plan for Specialists

Name: _____ Supervisor/Evaluator: _____ Date of PDP: _____

PDP Priorities:

Areas of Improvement:		Rationale for Area(s) of Improvement:			
Domain/Component:	Indicators for Delivery of Service:				
Improvement Strategies:	Tasks to complete:	Supports and Resources:	Target Date	Date of Completion	
Domain/Component:	Indicators for Delivery of Service:				
Improvement Strategies:	Tasks to complete:	Supports and Resources:	Target Date	Date of Completion	

PDP Initial Signatures:

Evaluator:		Specialist:	
Date:		Date:	

PDP Review Section:

Domain/Component:	Indicators of Progress:
Domain/Component:	Indicators of Progress:

PDP Review Signatures:

Evaluator:		Specialist:	
Date:		Date:	

Specialist completion of Professional Development Plan:

Yes, the PDP was completed No, the PDP was not completed

PDP Completion Signatures:

Evaluator:		Specialist:	
Date:		Date:	