

A2. Self Assessment

This form is to be filled out by the licensed staff and submitted to the evaluator prior to the pre-observation conference.

Licensed Staff: _____ **Evaluator:** _____

Employee #: _____ **School Year:** _____

Building: _____

Current position: _____ **Date & Time** _____

Part 1: Self Assessment

Domain 1: Planning and Preparation

A. Demonstrating Knowledge of Content and Pedagogy	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D
B. Demonstrating Knowledge of Students	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D
C. Setting Structural Outcomes	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D
D. Demonstrating Knowledge of Resources	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D
E. Designing Coherent Instruction	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D
F. Designing Student Assessments	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D

Domain 2: Classroom Environment

A. Creating an Environment of Respect and Rapport	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D
B. Establishing a Culture for Learning	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D
C. Managing Classroom Procedures	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D
D. Managing Student Behavior	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D
E. Organizing Physical Space	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D

Domain 3: Instruction

A. Communicating Clearly and Accurately	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D
B. Questioning and Discussion Techniques	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D
C. Engaging Students in Learning	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D
D. Providing Feedback	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D
E. Demonstrating Flexibility and Responsiveness	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D

Domain 4: Professional Development

A. Reflecting on Teaching	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D
B. Maintaining Accurate Records	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D
C. Communicating with Families	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D
D. Participating in Professional Community	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D
E. Growing and Developing Professionally	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D
F. Showing Professionalism	<input type="checkbox"/> NA <input type="checkbox"/> U <input type="checkbox"/> B <input type="checkbox"/> P <input type="checkbox"/> D