|  |
| --- |
| Educator Evaluation Needs Assessment Survey |
| (As of 12/3/14) |
|  |  |  |  |  |  |  |  |  |  |
| Please indicate the extent to which you agree with each of the following statements.  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | Strongly |  |  | Strongly |  |
|  |  |  |  |  | disagree | Disagree | Agree | Agree | N/A |
| Evaluation/ Observation feedback is given to me in a | 2 | 4 | 22 | 21 | 7 |
| timely manner (approx. 1 wk.) |   |
|   |   |   |   |   |
| My evaluator has appropriate knowledge to  | 1 | 7 | 25 | 18 | 2 |
| evaluate my teaching. |  |   |
|   |   |   |   |   |
| The feedback I receive on my teaching practice  | 2 | 6 | 25 | 15 | 4 |
| is meaningful and effective. |  |   |
|   |   |   |   |   |
| I am confident using Teachpoint. |   |   |   |   | 2 | 21 | 25 | 4 | 2 |
|  |  |  |  |   |
|   |   |   |   |   |
| I have been provided with enough information/ training | 3 | 18 | 27 | 6 | 0 |
| related to **evidence collection.** |   |
|   |   |   |   |   |
| I have been provided with enough information/ training | 0 | 15 | 31 | 3 | 0 |
| related to developing **Student Learning Goals.** |
|   |   |   |   |   |
| I have been provided with enough information/ training | 0 | 15 | 30 | 3 | 0 |
| related to developing **Professional Practice Goals.** |
|   |   |   |   |   |
| How many times have you been observed this  | None | 1 to 3 | 4 to 6 | 6 or more |   |
| school year? |  |  |   |  |   |   |  |
|   |   |   |   |   | 8 | 38 | 4 | 0 |
| 1. What advantages/disadvantage do you see in the district's evaluation process?  |
|  |  |  |  |  |  |  |  |  |  |
| 2. How can the evaluation process be improved in the district?  |  |  |