**NEVADA EDUCATOR PERFORMANCE FRAMEWORK**

**2018-2019 TEACHER EVALUATION SUMMATIVE RATING TOOL**

**EDUCATIONAL PRACTICE ONLY**

*Pursuant to NRS 391.695 student performance measures are not to be included in the evaluation of teachers in their initial year of probation or for post-probationary or probationary teachers at a turnaround school in its first two years of turnaround status. Turnaround school is defined as a school that has been determined to be turnaround pursuant to NRS 388G.400 only.*

|  |  |
| --- | --- |
| Teacher Name: Click here to enter text. | School Name: Click here to enter text. |
| Date: Click here to enter a date. | Evaluator: Click here to enter text. |
| Assignment/Grade Level: Click here to enter text. |  |
| Dates of Observations: Click here to enter text. | Dates of Conferences: Click here to enter text. |

# SECTION 1: Domain Scores

*Use the rubrics and evidence recorded throughout the cycle for determining performance levels (1-4 whole numbers only).*

**Instructions:** To insert scores, double click the table below to allow access to the embedded Excel spreadsheet.

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# SECTION 2: Summary of Evidence

**I,** Click here to enter text.**, have received a copy of the signed observation notes which identifies two required**

**pieces of evidence for each Indicator.**

(teacher signature)

# SECTION 3: Narrative and Final Rating

|  |
| --- |
| **Instructional Practice and Professional Responsibilities Strengths/Areas for Growth and Evidence**   * List any performance strengths and/or areas for growth. * Provide directions for any Instructional Practice or Professional Responsibilities Indicators at a Performance Level of a 1 or 2. * If applicable, list any schoolwide goal(s). |
| Click here to enter text. |

# Score Ranges

|  |  |
| --- | --- |
| **Overall Score Range** | **Final Rating** |
| TBD | Highly Effective |
| TBD | Effective |
| TBD | Developing |
| TBD | Ineffective |

**Final Rating (from above):** Select an item.

**Educator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**