**Administrator Evaluation Observation Self-Reflection Tool**

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| **School Administrator** | **Evaluator** | **Observation Date** | **Rating Descriptors** |
|  |  |  | 5—significantly above expectations4—above expectations3—at expectations2—below expectations1—significantly below expectations |
| **Self-Reflection / Formal Observation** | **School Name** | **School Year** |
|  |  |  |
| **Standards & Indicators** | **5** | **4** | **3** | **2** | **1** | **Comments** | **Score** |
| **Standard A: Instructional Leadership for Continuous Improvement** |  |
| A1. Capacity Building |  |  |  |  |  |  |  |
| A2. Data Analysis & Use |  |  |  |  |  |  |  |
| A3. Interventions |  |  |  |  |  |  |  |
| A4. Progress Monitoring |  |  |  |  |  |  |  |
| **Standard B: Culture for Teaching & Learning**  |  |
| B1. Leveraging Educator Strengths |  |  |  |  |  |  |  |
| B2. Environment |  |  |  |  |  |  |  |
| B3. Family Involvement |  |  |  |  |  |  |  |
| B4. Ownership |  |  |  |  |  |  |  |
| B5. Recognition & Celebration |  |  |  |  |  |  |  |
| **Standard C: Professional Learning & Growth**  |  |
| C1. Evaluation |  |  |  |  |  |  |  |
| C2. Differentiated Professional Learning |  |  |  |  |  |  |  |
| C3. Induction, Support, Retention, & Growth |  |  |  |  |  |  |  |
| C4. Teacher Leaders  |  |  |  |  |  |  |  |
| C5. Self-Practice |  |  |  |  |  |  |  |
| **Standard D: Resource Management** *(optional for assistant principals)* |  |
| D1. Community Resources |  |  |  |  |  |  |  |
| D2. Diversity |  |  |  |  |  |  |  |
| D3. Employee & Fiscal Management |  |  |  |  |  |  |  |

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| **Reinforcement Objective** | **Indicator** | **Notes** |
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| **Refinement Objective** | **Indicator** | **Notes** |
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*Signatures below indicate that the school administrator and supervisor have discussed the information contained in this document.*

School Administrator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_