



Feedback Forms

MISSOURI'S EDUCATOR EVALUATION SYSTEM

Principal Indicator Feedback Form

Refer to Missouri's Educator Evaluation System for Leader Growth Guides, Standards and Quality Indicators.

| <p>Vision, Mission and Goals</p> <p><input type="checkbox"/> 1.1 Establish the Vision, Mission and Goals</p> <p><input type="checkbox"/> 1.2 Implement the Vision, Mission and Goals</p> <p>Teaching and Learning</p> <p><input type="checkbox"/> 2.1 Promote Positive School Culture</p> <p><input type="checkbox"/> 2.2 Provide an Effective Instructional Program</p> <p><input type="checkbox"/> 2.3 Ensure Continuous Professional Learning</p> <p>Management of the Organizational Systems</p> <p><input type="checkbox"/> 3.1 Manage the Organizational Structure</p> <p><input type="checkbox"/> 3.2 Lead Personnel</p> <p><input type="checkbox"/> 3.3 Manage Resources</p> | | | <p>Collaboration with Families and Stakeholders</p> <p><input type="checkbox"/> 4.1 Collaborate with Families and Other Community Members</p> <p><input type="checkbox"/> 4.2 Respond to Community Interests and Needs</p> <p><input type="checkbox"/> 4.3 Mobilize Community Resources</p> <p>Ethics and Integrity</p> <p><input type="checkbox"/> 5.1 Personal and Professional Responsibility</p> <p>Professional Development</p> <p><input type="checkbox"/> 6.1 Increase Knowledge and Skills based on Best Practices</p> | | |
|---|-------|-------------------------------|---|---|---|
| Indicator | Goals | Key Activities and Strategies | Outcomes (Measurement) | Time Line for Measuring Goal & Completion or Outcomes | Overall Rating |
| | | | | | <input type="checkbox"/> Emerging <input type="checkbox"/> Developing <input type="checkbox"/> Proficient <input type="checkbox"/> Distinguished |
| | | | | | <input type="checkbox"/> Emerging <input type="checkbox"/> Developing <input type="checkbox"/> Proficient <input type="checkbox"/> Distinguished |
| | | | | | <input type="checkbox"/> Emerging <input type="checkbox"/> Developing <input type="checkbox"/> Proficient <input type="checkbox"/> Distinguished |

Principal's Signature/Date

Signatures indicate the document has been reviewed and discussed.

Supervisor's Signature/Date

Principal General Feedback Form

(This form is used in conjunction with the Comprehensive School Improvement Plan (CSIP) and the administrator's Professional Development Plan. One form might be used for each indicator selected.)

Administrator _____ Title _____

School _____ School Year _____

Evaluator _____ Title _____

Refer to Missouri's Educator Evaluation System for Leader Growth Guides, Standards and Quality Indicators. The purpose of the Principal Evaluation Protocol is to promote growth in effective practice that ultimately increases student performance.

| | |
|---|---|
| <p>Vision, Mission and Goals</p> <p><input type="checkbox"/> 1.1 Establish the Vision, Mission and Goals</p> <p><input type="checkbox"/> 1.2 Implement the Vision, Mission and Goals</p> <p>Teaching and Learning</p> <p><input type="checkbox"/> 2.1 Promote Positive School Culture</p> <p><input type="checkbox"/> 2.2 Provide an Effective Instructional Program</p> <p><input type="checkbox"/> 2.3 Ensure Continuous Professional Learning</p> <p>Management of the Organizational Systems</p> <p><input type="checkbox"/> 3.1 Manage the Organizational Structure</p> <p><input type="checkbox"/> 3.2 Lead Personnel</p> <p><input type="checkbox"/> 3.3 Manage Resources</p> | <p>Collaboration with Families and Stakeholders</p> <p><input type="checkbox"/> 4.1 Collaborate with Families and Other Community Members</p> <p><input type="checkbox"/> 4.2 Respond to Community Interests and Needs</p> <p><input type="checkbox"/> 4.3 Mobilize Community Resources</p> <p>Ethics and Integrity</p> <p><input type="checkbox"/> 5.1 Personal and Professional Responsibility</p> <p>Professional Development</p> <p><input type="checkbox"/> 6.1 Increase Knowledge and Skills based on Best Practices</p> |
|---|---|

To be completed by the administrator:

| | Indicators of Success/Evidence of Effectiveness | Target Date | Date Achieved |
|-------------|---|-------------|---------------|
| CSIP Goal: | | | |
| Strategies: | | | |

Narrative (self-evaluation): Provide evidence with examples drawn from CSIP strategies, objectives or goals.

To be completed by supervisor:

| | |
|------------|--|
| Narrative: | <p style="text-align: center;">Rating</p> <p><input type="checkbox"/> Emerging</p> <p><input type="checkbox"/> Developing</p> <p><input type="checkbox"/> Proficient</p> <p><input type="checkbox"/> Distinguished</p> |
|------------|--|

* A rating below "Proficient" must be explained in the narrative and preceded by efforts to improve as identified in the Professional Improvement Plan. Signatures indicate the document has been reviewed and discussed.

Principal's Signature/Date

Supervisor's Signature/Date