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| **Annual Summary Conference Form**  **For Teachers Not Receiving a Median Student Growth Percentile Score** |

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| --- | --- | --- | --- | --- | --- |
| Date | Name | School | Assignment | Years in District | Tenured (Y/N) |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
| Practice Score (85%) | SGO Score(15%) | **Summative Rating** |  | **Summative Rating Scale** |  |
| Highly Effective | 3.50 – 4.00 |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Effective | 2.65 – 3.49 |  |
|  |  |  |  |  |  |  |  |  |  |  |  | Partially Effective | 1.85 – 2.64 |  |
| \* Average score of two SGOs |  |  |  |  |  |  |  | Ineffective | 1.00 – 1.84 |  |
|  |  |  |  |  |  |  |  |  |  |

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| **Practice** |  |  |
| Using specific documentation (observation reports, teacher reflection, etc) and citing specific evidence, identify and discuss: |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| * 1-3 areas of strength
 |  |  |  |  |  |  |  |  |  |  |
| * 1-3 areas for improvement
 |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Student Growth Objectives (SGOs)** |  |  |
| Using completed SGO forms and supporting documentation (assessment results, etc), discuss: |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| * Successes and challenges of SGO process
 |  |  |  |  |  |  |  |  |  |  |  |
| * Lessons from SGOs about teaching and student learning
 |  |  |  |  |  |  |  |  |  |
| * Steps to improve SGOs for next year
 |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Professional Development Plan (PDP)** |  |  |
| Using the current PDP, discuss strategies for improving performance next year, such as: |  |  |
|  |  |  |
| * Successes and challenges on this year’s PDP
 |  |  |  |  |  |  |  |  |
| * Areas of professional development linked to information from evaluation
 |  |  |  |  |  |
| * Components and implementation of a Corrective Action Plan if warranted
 |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **Name** |  | **Signature** |  | **Date** |
| **Teacher** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| **Evaluator** |  |  |  |  |  |  |  |  |  |
|  |
| * Recommended for rehire (non-tenured)
* Recommended for continued employment (tenured)
* Placed on Corrective Action Plan
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 **Optional Form from the New Jersey Department of Education (5-17)**