



PROFESSIONAL EVALUATION PROGRAM FOR CAREER & TECHNICAL EDUCATORS (PEP-CTE)

DOE OHR 500-005

Last Revised: 08/08/2012

Former DOE Form(s): N/A

DEPARTMENT OF EDUCATION
Office of Human Resources
Performance Management Section
P.O. Box 2360 Honolulu, HI 96804

I. EMPLOYEE INFORMATION

Name: _____ Employee ID: _____
Last First M.I. (Employee ID# can be located on the front of the DOE ID Badge)

Office: _____ Position: _____ Evaluation Period: _____

Evaluated by: _____ Evaluator Position: _____

II. TEACHER PERFORMANCE RATING

S=SATISFACTORY

M=MARGINAL

U=UNSATISFACTORY

Plans and provides effective instruction and the appropriate program/services for subject or area of responsibility.	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> U
Creates and maintains a positive and safe learning environment.	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> U
Demonstrates skill when managing student behavior, intervening and resolving discipline problems.	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> U
Demonstrates professionalism and establishes open, effective communication with staff, parents and community	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> U
Maintains appropriate records of student achievement, and evaluates students in an objective, fair and timely manner.	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> U
Fosters positive interpersonal relationships with students, colleagues, parents and community to support students' learning and well-being.	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> U
Reflects on practice and pursues opportunities to grow professionally.	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> U
Complies with policies, standards, rules, regulations, legislation and procedures related to students and to teaching personnel.	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> U

III. OVERALL RATING OF TEACHER PERFORMANCE

PLEASE CHECK ONE:

SATISFACTORY

 MARGINAL

 UNSATISFACTORY

Teacher Signature: _____ Date: _____
MM/DD/YYYY

Evaluator Signature: _____ Date: _____
MM/DD/YYYY

Teacher's signature does not necessarily indicate concurrence but merely that the teacher is aware of rating. Comments, if any, of teacher and/or evaluator may be attached on a separate sheet.