

Pennsylvania Statewide Evaluation Form for Student Professional Knowledge and Practice

Student's Last Name	First	Middle	Social Security Number
Subject(s) Taught			Grade Level

This form is to serve as a permanent record of a student teacher's professional performance evaluation during a specific time period based on specific criteria. This form must be used at least twice during the 12-week (minimum) student teaching experience.

PERFORMANCE EVALUATION

Directions: Examine all sources of evidence provided by the student teacher and bear in mind the aspects of teaching for each of the four categories used in this form. Check the appropriate aspects of student teaching, and indicate the sources of evidence used to determine the evaluation of the results in each category. Assign an evaluation for each of the four categories and then assign an overall evaluation of performance. Sign the form and gain the signature of the student teacher.

Category I: Planning and Preparation — Student teacher demonstrates thorough knowledge of content and pedagogical skills in planning and preparation, student teacher makes plans and sets goals based on the content to be taught/learned, their knowledge of assigned students and their instructional context.

Alignment: 354.33. (1)(i)(A), (B), (C), (G), (H)

Student Teacher's performance appropriately demonstrates:

- Knowledge of content
- Knowledge of pedagogy
- Knowledge of Pennsylvania's K-12 Academic Standards
- Knowledge of students and how to use this knowledge to impart instruction
- Use of resources, materials, or technology available through the school or district
- Instructional goals that show a recognizable sequence with adaptations for individual student needs
- Assessments of student learning aligned to the instructional goals and adapted as required for student needs
- Use of educational psychological principles/theories in the construction of lesson plans and setting instructional goals

Sources of Evidence (Check all that apply and include dates, types/titles and number)

- | | |
|---|---|
| <input type="checkbox"/> Lesson/Unit Plans _____ | <input type="checkbox"/> Student Teacher Interviews _____ |
| <input type="checkbox"/> Resources/Materials/Technology _____ | <input type="checkbox"/> Classroom Observations _____ |
| <input type="checkbox"/> Assessment Materials _____ | <input type="checkbox"/> Resource Documents _____ |
| <input type="checkbox"/> Information About Students _____ | <input type="checkbox"/> Other _____ |

Category	Exemplary 3 Points	Superior 2 Points	Satisfactory 1 Point	Unsatisfactory 0 Points
Criteria for Rating	The candidate <i>consistently</i> and <i>thoroughly</i> demonstrates indicators of performance.	The candidate <i>usually</i> and <i>extensively</i> demonstrates indicators of performance.	The candidate <i>sometimes</i> and <i>adequately</i> demonstrates indicators of performance.	The candidate <i>rarely or never</i> and <i>inappropriately or superficially</i> demonstrates indicators of performance.
Rating (Indicate √)				

Justification for Evaluation

Category IV – Student teacher demonstrates qualities that characterize a professional person in aspects that occur in and beyond the classroom/building.
Alignment: 354.33. (1)(i)(I),(J)

Student Teacher’s performance appropriately demonstrates:

- Knowledge of school and district procedures and regulations related to attendance, punctuality and the like
- Knowledge of school or district requirements for maintaining accurate records and communicating with families
- Knowledge of school and/or district events
- Knowledge of district or college’s professional growth and development opportunities
- Integrity and ethical behavior, professional conduct as stated in Pennsylvania Code of Professional Practice and Conduct for Educators; and local, state, and federal, laws and regulations
- Effective communication, both oral and written with students, colleagues, paraprofessionals, related service personnel, and administrators
- Ability to cultivate professional relationships with school colleagues
- Knowledge of Commonwealth requirements for continuing professional development and licensure

Sources of Evidence (Check all that apply and include dates, types/titles, or number)

- | | |
|---|---|
| <input type="checkbox"/> Classroom Observations _____ | <input type="checkbox"/> Student Assignment Sheets _____ |
| <input type="checkbox"/> Informal Observations/Visits _____ | <input type="checkbox"/> Student Work _____ |
| <input type="checkbox"/> Assessment Materials _____ | <input type="checkbox"/> Instructional Resources/Materials/Technology _____ |
| <input type="checkbox"/> Student Teacher Interviews _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Written Documentation _____ | |

Category	Exemplary 3 Points	Superior 2 Points	Satisfactory 1 Point	Unsatisfactory 0 Points
Criteria for Rating	The candidate <i>consistently</i> and <i>thoroughly</i> demonstrates indicators of performance.	The candidate <i>usually</i> and <i>extensively</i> demonstrates indicators of performance.	The candidate <i>sometimes</i> and <i>adequately</i> demonstrates indicators of performance.	The candidate <i>rarely</i> or <i>never</i> and <i>inappropriately</i> or <i>superficially</i> demonstrates indicators of performance.
Rating (Indicate √)				

Justification for Evaluation

Overall Rating				
Category	Exemplary (Minimum of 12 Points)	Superior (Minimum of 8 Points)	Satisfactory (Minimum of 4 Points)	Unsatisfactory (0 Points)
Criteria for Rating	The candidate <i>consistently</i> and <i>thoroughly</i> demonstrates indicators of performance.	The candidate <i>usually</i> and <i>extensively</i> demonstrates indicators of performance.	The candidate <i>sometimes</i> and <i>adequately</i> demonstrates indicators of performance.	The candidate <i>rarely</i> or <i>never</i> and <i>inappropriately</i> or <i>superficially</i> demonstrates indicators of performance.
Rating (Indicate √)				

Note: Candidates must achieve at least a satisfactory rating consisting of 4 Points or above.

Justification for Overall Rating:

Student's Last Name	First	Middle	Social Security Number
District/IU	School		Interview/Conference Date
School Year: _____	Term: _____		

Required Signatures:

Supervisor/Evaluator: _____	Date: _____
Student Teacher: _____	Date: _____
Certification Officer: _____	Date: _____

Certification Area: _____ PDE – Certification Code: _____
 (To be completed by Certification Officer) (See Reverse)

