

TIMELINE FOR APPR: PERFORMANCE APPRAISAL REVIEW for TEACHERS (PART) 2013-2014

Month	Tasks	IMPORTANT Deadlines
June	<input type="checkbox"/> Teacher chooses evaluation process for Professional Practice Review: Administrator, Administrator/Peer Review, or Administrator/PART.	Teacher Evaluation Selection due by <u>June 21, 2013</u>
September- January 31	<input type="checkbox"/> Teacher recruits PART Reviewers and chooses PART Option. <input type="checkbox"/> Teacher completes PART Form #1 and submits to PART Reviewers. <input type="checkbox"/> Administrator uploads Part Form #1 into e-Performance.	PART Reviewers should be selected and PART Form #1 submitted no later than <u>January 31, 2014</u>.
September- April	<input type="checkbox"/> Teacher collects PART evidence throughout the school year.	
April-June	<input type="checkbox"/> At least one week prior to the Structured PART interview, Teacher provides binder of documentation and PART Form #2 to PART reviewers. <input type="checkbox"/> Teacher meets with PART Reviewers for Structured PART Interview no later than May 15 th . <input type="checkbox"/> After the Structured Interview, PART Reviewers meet to reach consensus about the ratings for the elements in each Domain. <input type="checkbox"/> Teacher's Direct Supervisor inputs the team's evaluation into e-Performance. <input type="checkbox"/> Direct Supervisor prints out the evaluation and provides it to the other PART Reviewers. <input type="checkbox"/> PART Reviewers confirm evaluation consensus by signing PART Form #3. <input type="checkbox"/> Direct Supervisor uploads a signed copy of Form #3 to e-Performance. <input type="checkbox"/> Teacher acknowledges Evaluation on e-Performance and may add comments or rebuttal.	Structured PART Interview must take place no later than <u>May 15th, 2014</u>. Professional Practice Review must be completed and entered into e-Performance by <u>June 1, 2014</u>.
July-August	<input type="checkbox"/> Composite Scores sent to teachers. <input type="checkbox"/> Appeals filed. <input type="checkbox"/> If a teacher receives an APPR composite score of "Ineffective" or "Developing," a TIP or Development Plan must be written in consultation with the Administrator and Teacher (and Mentor, Peer Reviewer, and/or union representative as applicable). <input type="checkbox"/> Teachers rated "Ineffective" should be referred to CIT for a Professional Support Mentor. Teachers who receive two consecutive APPR composite ratings of "Ineffective" must be referred to CIT and offered Intervention support.	Appeals must be filed within 15 days from the receipt of the APPR Composite Score. For teachers rated "Ineffective" or "Developing" based on APPR composite scores, a Teacher Improvement Plan (TIP) or Development Plan is due no later than ten days after the start of the school year (see p. 8).

Performance Appraisal Review for Teachers (PART)

PART Form #1 DECLARATION

This form should be completed by the teacher and signed by the PART Reviewers. The Direct Supervisor should upload the signed document into e-Performance. A PART Review Team consists of the teacher's direct supervisor and at least one teacher from the same certification area. A teacher may choose to select an additional 3rd reviewer.

Teacher: _____ Empl. ID#: _____

Position: _____ Tenure Area: _____

Principal _____ School/Location: _____

<u>PART REVIEWER NAMES</u>	<u>Position</u>	<u>School/Location</u>	<u>Tenure Area</u>
1. _____	Direct Supervisor	_____	not applicable
2. _____	Teacher	_____	_____
3. _____ (optional)	Teacher	_____	_____

PART Option Selection

- PART Option #1 Structured Review of Student Work (see p. 82 and page 84 in the Teacher Evaluation Guidebook for an explanation of what should be included in this option.)
- PART Option #2 Teacher Portfolio (see p. 83 in the Teacher Evaluation Guidebook for an explanation of what should be included in this option)

PART REVIEWER SIGNATURES

I agree to be a PART Reviewer for the teacher named above. I understand that prior to May 15th, I am responsible for reviewing the materials submitted by the teacher for a Structured PART Interview. After consensus is reached by the PART Reviewers (including the Direct Supervisor), the Direct Supervisor will enter the PART evaluation into e-Performance.

Signature of Direct Supervisor: _____ Date: _____

Signature of Reviewer #1 Teacher: _____ Date: _____

Signature of Optional Reviewer #2 Teacher: _____ Date: _____

Performance Appraisal Review for Teachers (PART)

PART Form #2 EVIDENCE

- At least one week prior to the Structured Interview held in the spring, this form and the PART Portfolio binder or Student Work documentation should be provided to the PART Reviewers (including the Direct Supervisor).
- At the Structured Interview (which must take place before June 1st), the teacher should explain how the artifacts relate to the elements within each Domain in the Framework for Teaching (Teachscape Rubric).
- The PART Reviewers may use this form to record evidence about the elements within each Domain that are discussed during the Structured Interview.
- After the Structured Interview, the PART Reviewers (including the Direct Supervisor) should meet to discuss the evidence. Using the Teachscape Rubric, they should reach consensus about the rating and optional narrative comments for each element within each Domain.

Teacher being evaluated: _____ **Direct Supervisor:** _____

Reviewer #1 Teacher: _____ **Optional Reviewer #2 Teacher:** _____

Relationship to the Framework for Teaching (Teachscape Rubric)

Your PART work must align with the expectations for professional teachers in the Rochester City School District. Please consult the Teacher Evaluation Guide for detailed descriptions of the Framework.

Domain 1: Planning and Preparation

demonstrating knowledge of content and pedagogy; demonstrating knowledge of students; setting instructional outcomes; demonstrating knowledge of resources; designing coherent instruction; designing student assessments

Domain 2: Learning Environment

creating an environment of respect and rapport; establishing a culture for learning; managing classroom procedures; managing student behavior; organizing physical space

CONTINUED ON NEXT PAGE



Performance Appraisal Review for Teachers (PART)
PART Form #2 EVIDENCE (continued)

Domain 3: Instruction

communicating with students; using questioning and discussion techniques;
engaging students in learning; using assessment in instruction;
demonstrating flexibility and responsiveness

Domain 4: Professional Responsibilities

reflection on teaching; maintaining accurate records; communicating with
families; participating in a professional community; growing and developing
professionally; showing professionalism

Other Comments Or Questions:

Performance Appraisal Review for Teachers (PART) PART Form #3 (FINAL SIGNATURES)

These signatures indicate that the PART process as described below has been completed.

FINAL PROCESS TO BE COMPLETED BY REVIEWERS:

- After the Structured Interview, the PART Reviewers (including the Direct Supervisor) should meet to discuss and assess the evidence in the Portfolio binder or Review of Student Work documentation.
- Using the Teachscape Rubric, PART Reviewers should reach consensus about the rating and optional narrative comments for each element within each Domain.
- The Direct Supervisor is responsible for inputting the PART Reviewers' Evaluation into e-Performance.
- Because the PART Reviewers must have consensus on the ratings provided, the Direct Supervisor must print out the PART Evaluation and show this to the rest of the PART team to confirm consensus.
- All parties should sign this form to confirm that the PART process has been completed and to confirm that the uploaded evaluation is the one agreed-upon by the PART Reviewers.
- After this form is signed, the Direct Supervisor should upload this form into e-Performance.

SIGNATURES

By signing this form, all of us agree that we have completed the PART process as described above.

Signature of Direct Supervisor: _____ Date: _____

Signature of Reviewer #1 Teacher: _____ Date: _____

Signature of Optional Reviewer #2 Teacher: _____ Date: _____

Signature of Teacher Being Evaluated: _____ Date: _____