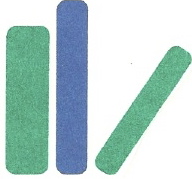
** CIT Independent Evaluator Classroom Visit Feedback**

PLEASE NOTE: This form is to be used to provide feedback to teachers who have selected Independent Evaluation as part of their teacher evaluation process. Please make a copy of this signed form. The CIT Independent Evaluator should provide one copy to the teacher being evaluated, and keep one for the evaluator’s records. Please contact the CIT Office with questions ([CIT@rcsdk12.org](mailto:CIT@rcsdk12.org)).

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School/Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of CIT Independent Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Visited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF Classroom Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **WHAT’S WORKING:** | **FOCUS/CHALLENGES/CONCERNS:** | |
| **QUESTIONS/SUGGESTIONS:** | | **Domain 2: Classroom Environment**  2a. Creating an environment of respect & rapport  2b. Establishing a Culture of Learning  2c. Managing Classroom Procedures  2d. Managing Student Behavior  2e. Organizing Physical Space  **Domain 3: Instruction**  3a. Communicating goals clearly and accurately  3b. Using questioning and discussion techniques  3c. Engaging Students in learning  3d. Using Assessment in Instruction  3e. Demonstrating Flexibility and Responsiveness |

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| --- |
| **DATE of Conference to discuss and receive feedback from Classroom Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMMENTS:** |

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| --- | --- | --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Teacher Signature** | **Date** | **Independent Evaluator Signature** | **Date** |

***Signatures acknowledge that the classroom visit took place and that feedback was provided. Teacher may attach additional comments to this form.***

***Approved by CIT Governing Panel, February 2017***