

2019-2020 SAEA EVALUATION CHECKLIST (Traditional E

NAME:	Home or Cell P
SITE:	
ACTION	
Did you submit your Evaluation Plan within 25 duty days after the students began classes?	on or befo
Did you receive in-service training this past year in the California Standards for the Teaching Profession (CSTP) and given a copy of the District/Association approved rubric? IF YOU WERE DISPLACED TO A NEW GRADE LEVEL OR SUBJECT MATTER, SAEA recommends you submit a letter to your administrator listing CONSTRAINTS which you believe shall prevent you from attaining the Standards. (i.e. rotating grade level curriculum, subject matter taught in ____# years, class size great than ____, etc).	Yes
Did you meet with your evaluator within 15 duty days of submitting your Evaluation Plan?	on or befo Yes
Did you submit a letter of constraints to you evaluator? (IF APPLICABLE)	Yes
Did you and your evaluator agree to the Standards to be evaluated?	on or befo Yes
Did you and your evaluator meet to discuss the Standards to be observed before each observation?	Yes
Did you agree on two dates for the formal observations?	on or befo Yes
Did you get a report of your 1st formal observation within 5 duty days of the formal observation?	Yes
Did you have a post observation conference within 10 days following the 1st observation?	Yes
Did you get a report of your 2nd formal observation within 5 duty days of the formal observation?	Yes
Did you have a post observation conference within 10 days following the 2nd observation?	Yes
Did you get a copy of your formal evaluation 30 duty days prior to the end of the school year?	on or befo
Did you sign your formal evaluation?	on or befo

Personal Evaluation System)

Home or Cell Phone Number:	Personal Email Address:	
	DATE	
Before 9/16/19	Date you submitted Standards: _____, 2019	
No	Date you received CSTP in-service: _____, 2019	
	Date you were given copy of the District/Association approved rubric: _____, 2019	
Before 10/7/19	Date you met with your evaluator: _____, 2019	
No	Date submitted: _____	
Before 10/7/19	Date of your agreement: _____, 2019	
No		
Before 10/7/19	Date 1: _____	
No	Date 2: _____	
No	Date of 1st observation: _____ Date of written report: _____	
No	Date of 1st conference: _____	
No	Date of 2nd observation: _____ Date of written report: _____	
No	Date of 2nd conference: _____	
Before 4/16/20	YES	NO
Before 5/6/20	YES	NO