

Commonwealth of Pennsylvania	DEPARTMENT OF EDUCATION	333 Market St., Harrisburg, PA 17126-0333
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CLASSROOM TEACHER RATING FORM

PDE 82-1 (4/13)

Last Name _____ First _____ Middle _____
 District/LEA _____ School _____
 Rating Date: _____ Evaluation: (Check one) Semi-annual Annual

(A) Teacher Observation and Practice

Domain	Title	*Rating* (A)	Factor (B)	Earned Points (A x B)	Max Points
I.	Planning & Preparation		20%		0.60
II.	Classroom Environment		30%		0.90
III.	Instruction		30%		0.90
IV.	Professional Responsibilities		20%		0.60
(1) Teacher Observation & Practice Rating					3.00

<i>*Domain Rating Assignment* 0 to 3 Point Scale (A)</i>	
Rating	Value
Failing	0
Needs Improvement	1
Proficient	2
Distinguished	3

(B) Student Performance—Building Level Data, Teacher Specific Data, and Elective Data

Building Level Score (0—107)	
(2) Building Level Score Converted to 3 Point Rating	

(3) Teacher Specific Rating	
(4) Elective Rating	

(C) Final Teacher Effectiveness Rating—All Measures

Measure	Rating (C)	Factor (D)	Earned Points (C x D)	Max Points
(1) Teacher Observation & Practice Rating		50%		1.50
(2) Building Level Rating		15%		0.45
(3) Teacher Specific Rating		15%		0.45
(4) Elective Rating		20%		0.60
Total Earned Points				3.00

<i>Conversion to Performance Rating</i>	
Total Earned Points	Rating
0.00-0.49	Failing
0.50-1.49	Needs Improvement
1.50-2.49	Proficient
2.50-3.00	Distinguished
Performance Rating	

Rating: Professional Employee, OR Rating: Temporary Professional Employee
 I certify that the above-named employee for the period beginning _____ and ending _____ has received a performance rating of: _____
 (month/day/year) (month/day/year)
 DISTINGUISHED PROFICIENT NEEDS IMPROVEMENT FAILING
 resulting in a FINAL rating of:
 SATISFACTORY UNSATISFACTORY

A performance rating of Distinguished, Proficient or Needs Improvement shall be considered satisfactory, except that the second Needs Improvement rating issued by the same employer within 10 years of the first final rating of Needs Improvement where the employee is in the same certification shall be considered unsatisfactory. A rating of Failing shall be considered unsatisfactory.

Date _____ Designated Rater / Position: _____ Date _____ Chief School Administrator

I acknowledge that I have read the report and that I have been given an opportunity to discuss it with the rater. My signature does not necessarily mean that I agree with the performance evaluation.

Date _____ Signature of Employee _____