

**Gallaudet University  
Laurent Clerc National Deaf Education Center  
Teacher Evaluation System (TES)**

<b>Name</b>		<b>Supervisor</b>	
<b>Title - Teacher</b>		<b>Status: Probationary or Continuing Appointment (circle one)</b>	
		<b>If Probationary: Interim or Reappointment (circle one)</b>	
<b>Academic Year</b>			
<b>School - MSSD</b>			
<b>A. Professional Growth Objectives jointly developed by teacher and supervisor for current year</b>			
<b>1. Objectives</b>			
<b>2. Evidence of attainment</b>			
<b>B. Performance Criteria Evaluation</b>			
<b>Criterion Reference</b>		<b>Strengths/Weaknesses/Supporting Evidence</b>	
1. Prescribes and develops an appropriate instructional program which incorporates integrated thematic curriculum goals.			
2. Presents an effective program of instruction which includes use of best educational practices and established training goals.			
3. Appraises student learning levels, interests, and needs.			
4. Establishes and maintains the learning environment required to motivate and empower each student to achieve.			
5. Uses information from appropriate assessment and evaluation tools to increase instructional effectiveness.			
6. Demonstrates effective expressive and receptive sign communication competency and models effective use of American Sign Language and written English in the classroom.			
7. Applies a variety of effective communication approaches.			
8. Adheres to institutional policies and procedures.			

9. Demonstrates commitment to school philosophy, team collaboration, and institutional goals and priorities.	
10. Supports the national mission of PCNMP to provide and disseminate innovative and effective educational models and materials, as mandated by Congress.	N/A
11. Demonstrates a personal commitment to on-going professional growth.	
12. Establishes and maintains professional relationships with colleagues, students, parents, and the community which reflect recognition of and respect for every individual.	
<b>C. Additional Information (includes assignments, class load, portfolio information)</b>	
<b>D. Overall Rating:</b> <i>EFFECTIVE</i> <i>NEEDS IMPROVEMENT</i> <i>NOT EFFECTIVE</i> (circle one) <b>Summary Statement:</b>	
<b>E. Signatures</b> Supervisor _____ Date _____ Teacher _____ Date _____	
<b>F. Teacher Comments (If additional space is needed, please use last page of this form.)</b>	

ADDITIONAL COMMENTS: