

# FORMATIVE ASSESSMENT – TEACHER/SISP

1. EDUCATOR: \_\_\_\_\_ SUMMATIVE EVALUATION YEAR: \_\_\_\_\_  
 PRIMARY EVALUATOR: \_\_\_\_\_ SUPERVISING EVALUATOR (IF ONE): \_\_\_\_\_

2.

Feedback on Professional Practice Goal	
Feedback on Student Learning Goal	
Feedback on Standard 1	
Feedback on Standard 2	
Feedback on Standard 3	
Feedback on Standard 4	
3. Need for formative evaluation or change in educator plan	

4. Signature of Evaluator \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Signature of Educator\* \_\_\_\_\_ Date Received: \_\_\_\_\_

\* Signature of the educator indicates acknowledgment of this report; it does not necessarily denote agreement with the contents of the report. Educators have the opportunity to respond to this report in writing and may use the Educator Report Form. The educator shall have the opportunity to respond in writing to the summative evaluation as per [603 CMR 35.06\(6\)](#).

# FORMATIVE ASSESSMENT – ADMINISTRATOR

1. EDUCATOR: \_\_\_\_\_ SUMMATIVE EVALUATION YEAR: \_\_\_\_\_  
 PRIMARY EVALUATOR: \_\_\_\_\_ SUPERVISING EVALUATOR (IF ONE): \_\_\_\_\_

2.

Feedback on Professional Practice Goal	
Feedback on Student Learning Goal	
Feedback on Standard 1	
Feedback on Standard 2	
Feedback on Standard 3	
Feedback on Standard 4	
3. Need for formative evaluation or change in educator plan	

4. Signature of Evaluator \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Signature of Educator\* \_\_\_\_\_ Date Received: \_\_\_\_\_

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## COMPLETING FORMATIVE EVALUATION FORM/NO SIGNIFICANT CHANGE

Evaluators are responsible for determining whether there are significant demonstrated changes in performance on the standards and to provide feedback on the educator's progress toward attaining the professional practice goal and the student learning goal by the end of the Self-Directed Plan.

If there have been no significant changes since the previous summative evaluation, there are four elements to the formative evaluation form. Each should be completed by the evaluator.

- 1. Key Information:** Educator's name; year of formative evaluation based on educator plan and contractual requirements, if applicable; name of primary evaluator; name of supervising evaluator, if there is one.
- 2. Progress and Feedback about Educator Plan Goals:** The evaluator should indicate the level of progress made to date toward each of the goals and provide feedback to assist the educator in successfully attaining the goal by the end of the plan.
- 3. Rating and Feedback on Standards 1-4:** The evaluator should indicate the rating on the previous summative evaluation for each of the four standards and overall, and the rating on each, for this formative evaluation. Because there should be no significant change if this form is being used, the expectation is that the ratings that resulted in an overall rating of proficient or exemplary will be the same or better. Based on the evidence collected by the evaluator or provided by the educator, feedback on one or more of the standards may be provided.
- 4. Signatures:** The evaluator and the educator should sign and date the completed form.

# FORMATIVE EVALUATION – TEACHER /SIS

## NO SIGNIFICANT CHANGE FROM PREVIOUS SUMMATIVE EVALUATION

1. EDUCATOR: \_\_\_\_\_ FORMATIVE EVALUATION YEAR: \_\_\_\_\_  
 PRIMARY EVALUATOR: \_\_\_\_\_ SUPERVISING EVALUATOR (IF ONE): \_\_\_\_\_

2.

Professional Practice Goal: Feedback on PP Goal		Progress toward Goal Attainment to Date	<input type="checkbox"/> Excellent Progress <input type="checkbox"/> Good Progress <input type="checkbox"/> Fair Progress <input type="checkbox"/> Insufficient Progress <input type="checkbox"/> No Progress
Student Learning Goal: Feedback on SL Goal		Progress toward Goal Attainment to Date	<input type="checkbox"/> Excellent Progress <input type="checkbox"/> Good Progress <input type="checkbox"/> Fair Progress <input type="checkbox"/> Insufficient Progress <input type="checkbox"/> No Progress

3.

	Previous Summative Evaluation Rating	Current Formative Evaluation Rating
<b>Overall Formative Evaluation Rating</b>	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U
<b>Standard 1 Evidence</b>	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U
Observations – see reports for details		
<b>Standard 2 Evidence</b>	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U
Observations – see reports for details		
<b>Standard 3 Evidence</b>	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U
<b>Standard 4 Evidence</b>	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U
Feedback on Standards		

4. Signature of Evaluator \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Signature of Educator\* \_\_\_\_\_ Date Received: \_\_\_\_\_

\* Signature of the educator indicates acknowledgment of this report; it does not necessarily denote agreement with the contents of the report. Educators have the opportunity to respond to this report in writing and may use the Educator Report Form. The educator shall have the opportunity to respond in writing to the summative evaluation as per [603 CMR 35.06\(6\)](#).

# FORMATIVE EVALUATION – ADMINISTRATOR

## NO SIGNIFICANT CHANGE FROM PREVIOUS SUMMATIVE EVALUATION

1. EDUCATOR: \_\_\_\_\_ FORMATIVE EVALUATION YEAR: \_\_\_\_\_

PRIMARY EVALUATOR: \_\_\_\_\_ SUPERVISING EVALUATOR (IF ONE): \_\_\_\_\_

2.

Professional Practice Goal:		Progress toward Goal Attainment to Date	<input type="checkbox"/> Excellent Progress <input type="checkbox"/> Good Progress <input type="checkbox"/> Fair Progress <input type="checkbox"/> Insufficient Progress <input type="checkbox"/> No Progress
Feedback on PP Goal			
Student Learning Goal		Progress toward Goal Attainment to Date	<input type="checkbox"/> Excellent Progress <input type="checkbox"/> Good Progress <input type="checkbox"/> Fair Progress <input type="checkbox"/> Insufficient Progress <input type="checkbox"/> No Progress
Feedback on SL Goal			

3.

	Previous Summative Evaluation Rating	Current Formative Evaluation Rating
<b>Overall Formative Evaluation Rating</b>	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U
<b>Standard 1 Evidence</b>	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U
Observations – see reports for details		
<b>Standard 2 Evidence</b>	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U
Observations – see reports for details		
<b>Standard 3 Evidence</b>	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U
<b>Standard 4 Evidence</b>	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U
<b>Feedback on Standards</b>		

4. Signature of Evaluator \_\_\_\_\_

Date Completed: \_\_\_\_\_

Signature of Educator\* \_\_\_\_\_

Date Received: \_\_\_\_\_

\* Signature of the educator indicates acknowledgment of this report; it does not necessarily denote agreement with the contents of the report. Educators have the opportunity to respond to this report in writing and may use the Educator Report Form. The educator shall have the opportunity to respond in writing to the summative evaluation as per [603 CMR 35.06\(6\)](#).

## COMPLETING FORMATIVE EVALUATION FORM/WITH SIGNIFICANT CHANGE

Evaluators are responsible for determining whether there are significant demonstrated changes in performance on the standards and to provide feedback on the educator's progress toward attaining the professional practice goal and the student learning goal by the end of the Self-Directed Plan.

There are five elements of the formative evaluation form if there are significant changes since the previous summative evaluation. Each should be completed by the evaluator.

- 1. Key Information:** Educator's name; year of formative evaluation based on educator plan and contractual requirements, if applicable; name of primary evaluator; name of supervising evaluator if there is one.
- 2. Progress and Feedback about Educator Plan Goals:** The evaluator should indicate the level of progress made to date toward each of the goals and provide feedback to assist the educator in successfully attaining the goal by the end of the plan. If there has been insufficient or no progress toward the goal, feedback should articulate what needs to be done and what assistance the evaluator recommends.
- 3. Rating and Feedback on Standards 1-4:** The evaluator should indicate the rating on the previous summative evaluation for each of the four standards and overall, and the rating on each, for this formative evaluation. The presumption is that the significant change demonstrated by the evidence will impact the overall performance rating; the evaluator should be specific about the evidence resulting in this conclusion and his/her rationale for making this decision. Based on the evidence the evaluator has collected or been provided by the educator, feedback should focus on those areas of performance that need to be improved in order to return to at least an overall rating of proficient.
- 4. Resulting Educator Plan:** The evaluator should indicate whether the educator will be on a revised Self-Directed Plan. This would apply if there are significant changes in the educator's performance on Standards 3 and 4 or if performance on either Standard 1 or 2 is below proficient.  
  
If the educator's overall rating moves to needs improvement, then a Directed Growth Plan would result. In either case, the evaluator must work with the educator to develop improvement goals that – if achieved – will return the educator to a performance rating of proficient.
- 5. Signatures:** The evaluator and educator should sign and date the completed form.

## FORMATIVE EVALUATION MEETING

- Evaluators **must** conduct a face-to-face formative evaluation conference with all educators whose overall performance rating is lowered as a result of the formative evaluation.
  - At this meeting, the evaluator must present evidence from observations, artifacts of educator practice and other relevant evidence to the educator and explain how this led to a determination of practice that is below proficient.
  - At this meeting, the evaluator should either develop with the educator the appropriate educator plan for the next evaluation cycle or make arrangements for a second meeting at which the appropriate educator plan will be developed.
- Evaluators are not required to conduct face-to-face formative evaluation conferences with educators whose overall performance rating is proficient or exemplary. However, if an educator requests such a meeting, the evaluator must honor that request.

# FORMATIVE EVALUATION – TEACHER/SISP

## IF EVIDENCE SUGGESTS SIGNIFICANT CHANGE FROM PREVIOUS SUMMATIVE EVALUATION

1. EDUCATOR: \_\_\_\_\_ FORMATIVE EVALUATION YEAR: \_\_\_\_\_  
 PRIMARY EVALUATOR: \_\_\_\_\_ SUPERVISING EVALUATOR (IF ONE): \_\_\_\_\_

2.

Professional Practice Goal		Progress toward Goal Attainment to Date	<input type="checkbox"/> Excellent Progress <input type="checkbox"/> Good Progress <input type="checkbox"/> Fair Progress <input type="checkbox"/> Insufficient Progress <input type="checkbox"/> No Progress
Feedback on PP Goal			
Student Learning Goal		Progress toward Goal Attainment to Date	<input type="checkbox"/> Excellent Progress <input type="checkbox"/> Good Progress <input type="checkbox"/> Fair Progress <input type="checkbox"/> Insufficient Progress <input type="checkbox"/> No Progress
Feedback on SL Goal			

3.

	Previous Summative Evaluation Rating	Current Formative Evaluation Rating	Rationale for Change
<b>Overall Formative Evaluation Rating</b>	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	
<b>Standard 1 Evidence</b>	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	
Observations – see reports for details			
<b>Standard 2 Evidence</b>	E P N U	E P N U	
Standard 2 Evidence	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	
Observations – see reports for details			
<b>Standard 3 Evidence</b>	E P N U	E P N U	
Standard 3 Evidence	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	
Observations – see reports for details			
<b>Standard 4 Evidence</b>	E P N U	E P N U	
Standard 4 Evidence	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	
Observations – see reports for details			
<b>Feedback on Specific Standard(s) with Significant Demonstrated Performance</b>			

**4. Resulting Educator Plan**

- Revised Self-Directed Growth Plan:      Formative Evaluation Date: \_\_\_\_\_      Summative Evaluation Date: \_\_\_\_\_
- Directed Growth Plan:      Formative Assessment Date: \_\_\_\_\_      Summative Evaluation Date: \_\_\_\_\_

5.      Signature of Evaluator \_\_\_\_\_      Date Completed: \_\_\_\_\_

Signature of Educator\* \_\_\_\_\_      Date Received: \_\_\_\_\_

\* Signature of the educator indicates acknowledgment of this report; it does not necessarily denote agreement with the contents of the report. Educators have the opportunity to respond to this report in writing and may use the Educator Report Form. The educator shall have the opportunity to respond in writing to the summative evaluation as per [603 CMR 35.06\(6\)](#).



# FORMATIVE EVALUATION – ADMINISTRATOR

## IF EVIDENCE SUGGESTS SIGNIFICANT CHANGE FROM PREVIOUS SUMMATIVE EVALUATION

1. EDUCATOR: \_\_\_\_\_ FORMATIVE EVALUATION YEAR: \_\_\_\_\_

PRIMARY EVALUATOR: \_\_\_\_\_ SUPERVISING EVALUATOR (IF ONE): \_\_\_\_\_

2.

Professional Practice Goal		Progress toward Goal Attainment to Date	<input type="checkbox"/> Excellent Progress <input type="checkbox"/> Good Progress <input type="checkbox"/> Fair Progress <input type="checkbox"/> Insufficient Progress <input type="checkbox"/> No Progress
Feedback on PP Goal			
Student Learning Goal		Progress toward Goal Attainment to Date	<input type="checkbox"/> Excellent Progress <input type="checkbox"/> Good Progress <input type="checkbox"/> Fair Progress <input type="checkbox"/> Insufficient Progress <input type="checkbox"/> No Progress
Feedback on SL Goal			

3.

	Previous Summative Evaluation Rating	Current Formative Evaluation Rating	Rationale for Change
<b>Overall Formative Evaluation Rating</b>	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	
<b>Standard 1 Evidence</b>	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	
Observations – see reports for details			
<b>Standard 2 Evidence</b>	E P N U	E P N U	
Standard 2 Evidence	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	
Observations – see reports for details			
<b>Standard 3 Evidence</b>	E P N U	E P N U	
Standard 3 Evidence	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	
Observations – see reports for details			
<b>Standard 4 Evidence</b>	E P N U	E P N U	
Standard 4 Evidence	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	<input type="checkbox"/> E <input type="checkbox"/> P <input type="checkbox"/> N <input type="checkbox"/> U	
Observations – see reports for details			

Feedback on Specific Standard(s) with Significant Demonstrated Performance	
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**4. Resulting Educator Plan**

- Revised Self-Directed Growth Plan:      Formative Evaluation Date: \_\_\_\_\_      Summative Evaluation Date: \_\_\_\_\_
- Directed Growth Plan:      Formative Assessment Date: \_\_\_\_\_      Summative Evaluation Date: \_\_\_\_\_

5.      Signature of Evaluator \_\_\_\_\_      Date Completed: \_\_\_\_\_
- Signature of Educator\* \_\_\_\_\_      Date Received: \_\_\_\_\_

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