

Columbus Education Association Teacher and Licensed Support Professional Evaluation System Checklist*

Name _____ Evaluator _____

Event	Date	Time	Email/Confirmation Sent/Received	Notes
Educator Self-Assessment and Goal Setting				
Professional Growth Plan/Goal Setting Conference				

Semester 1: Observation Cycle

Event	Date	Time	Email/Confirmation Sent/Received	Notes
Pre-Observation Conference				
Observation (at least 30 min.)				
Walkthrough (10-20 min.)				
Walkthrough (10-20 min.)				
Walkthrough (10-20 min.)				
Walkthrough (10-20 min.)				
Post-Observation Conference (Complete by Jan. 10)				

Semester 2: Observation Cycle

Event	Date	Time	Email/Confirmation Sent/Received	Notes
Pre-Observation Conference				
Observation (at least 30 min.)				
Walkthrough (10-20 min.)				
Walkthrough (10-20 min.)				
Walkthrough (10-20 min.)				
Walkthrough (10-20 min.)				
Post-Observation Conference (Complete by May 1)				

Summative Rating:

Event	Date	Time	Email/Confirmation Sent/Received	Notes
Final Conference/Final Summative Rating (Complete by May 10)				