Preschool For All Program Evaluation TEACHER SELF EVALUATION

Name: ___________________________________________ Date: _____________________

Self-evaluation has been proven to help set personal goals, and increase teacher performance. This form is for you and will not be used toward your official teacher observation and evaluation, but instead will be used to help plan staff development activities. Evaluate your performance by using the following scale:

W = I'm working on it  S = I do it sometimes  M = I do it most of the time  A = I do it always

Educational Program:

_____ I am knowledgeable about the Early Learning Standards and how to align my classroom curriculum to them.
_____ I am knowledgeable about developmentally appropriate activities and theories on Early Learning, and my lesson plans incorporate such theories and activities.
_____ I provide appropriate learning centers, including a reading center and writing materials that encourage early literacy.
_____ I follow a daily routine.
_____ My classroom routine provides for a balance of activities, including quiet times, guided activities, small group and large group activities, and at least 60 minutes of free choice time.
_____ Activities I choose reflect the interests of the children in my class.
_____ Children in my class are encouraged to talk about what they are doing and I comment specifically on their work.
_____ I am sensitive to and responsive to children’s needs as they arise, both academic and personal.
_____ I use effective classroom management skills, by guiding appropriate behavior and using appropriate language.
_____ I am knowledgeable about the needs and goals of the children in my class with IEPs.
_____ I make adaptations and accommodations to allow and encourage children with IEPs to participate in all learning opportunities and activities.

Assessment:

_____ I regularly assess the progress of each of the students in my class by using work samples, photos, and anecdotal notes.
_____ My assessment notes and papers reflect the ongoing life of the classroom and typical activities of the children.
_____ I am knowledgeable of the Work Sampling System and effectively use it to report student progress.
_____ I am affective at sharing progress with parents and families of my students.

(Over)
Environment:
_____ I greet each family and child in a pleasant manner at the beginning of each day.
_____ I do not have a lot of teacher made items on the walls.
_____ I display children’s work at the child’s eye level.
_____ The Illinois Early Learning Standards are displayed in my classroom.
_____ The daily schedule is posted in my classroom.
_____ The learning centers in my classroom are clearly defined and labeled.
_____ The classroom materials are systematically arranged, labeled, and easily accessible to children.
_____ I have multicultural material that are integrated naturally into my classroom.
_____ I promote a positive atmosphere, where all children are accepted and included.

Professional:
_____ I arrive on time and finish the day at the appropriate time.
_____ I am conscientious of my attendance and my use of sick leave.
_____ I understand the Little Stars Pre-K philosophy and can share it with parents and the community.
_____ I am willing to participate in Pre-K activities outside my regular hours.
_____ I accept suggestions and criticism from my co-workers gracefully.
_____ I am willing to share my ideas and plans so that I can contribute to the total program.
_____ I assume my share of joint responsibilities.
_____ I maintain confidentiality toward staff members, families, and students.
_____ I make an effort to be sensitive to the needs of the parents and families, and make sure they feel welcome in my classroom.
_____ I strive and make efforts to become more knowledgeable in my field.

_____ On a scale of 1-5, with 1 being poor, and 5 being exceptional, this is how I rate the effectiveness of my job performance.

Signed: ___________________________________________ Date: _______________________
Preschool For All Program Evaluation
INDIVIDUAL PROFESSIONAL DEVELOPMENT PLAN

Name: ____________________________  Position: _______________________________

Completed for School Year
20____/20____.

List 1-3 areas about which you would like to learn more (keeping in mind the district goals):

1. ___________________________________________________________________________
2. ___________________________________________________________________________
3. ___________________________________________________________________________

What are some activities that you could do to gain the knowledge you are seeking?

1. ___________________________________________________________________________
2. ___________________________________________________________________________
3. ___________________________________________________________________________
4. ___________________________________________________________________________

How will you know when you have gained the knowledge you were seeking?

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Submitted by: _______________________________      Date: __________________

Signature

Received by Supervisor: _______________________________      Date: __________________

Signature

Illinois State Board of Education    Early Childhood    March 2015
Preschool For All Program Evaluation PARENT SURVEY

We want your true and honest response. Please feel free to return this survey to the Program Director or mail it to the school. If you feel comfortable returning it to school with your child, you may do that as well.

**Direction:** Please read the following questions and circle YES, NO, or Not Applicable (N/A) based on your experience. If you would like to add comments, please do so in the space provided.

**Teacher:** ________________________________        AM Class       PM Class       Date: _________________

The teacher…

1. Was easy to contact, and answered phone and written messages promptly.
   Comments:
   YES          NO        N/A

2. Made me feel comfortable and welcome.
   Comments:
   YES          NO        N/A

3. Communicated with me about my child’s needs.
   Comments:
   YES          NO        N/A

4. Gave me regular feedback regarding my child's progress.
   Comments:
   YES          NO        N/A

5. Made me feel welcome to ask questions.
   Comments:
   YES          NO        N/A

6. Listened to my concerns.
   Comments:
   YES          NO        N/A

7. Was helpful in providing suggestions to help my child.
   Comments:
   YES          NO        N/A

(OVER)
8. Communicated clearly the expectations of my child and my role in supporting my child’s educational needs. Comments: YES NO N/A

9. Kept me informed of what was going on in the classroom. Comments: YES NO N/A

10. Invited me to participate either by attending a family fun activity, field trip, party, or to volunteer my time. Comments: YES NO N/A

The Program…

1. Held an orientation which allowed my child and me to become familiar with the teacher, classroom, and program information. Comments: YES NO N/A

2. Provided a handbook which gave information about the school and program rules and procedures. Comments: YES NO N/A

3. Used the handbook to explain the program’s curriculum and how my child’s progress would be assessed. Comments: YES NO N/A

What would you say this Preschool For All program has done or is doing well?

Do you have any suggesting for improving the program?

Overall, I would recommend this Preschool For All program to families with preschool aged children. Comments: YES NO

Thank you for your time and input! Your responses will help us become a better program.