



**CERTIFICATED EVALUATION PROCEDURES, TIMELINE,
 AND DOCUMENTATION CHECKLIST**

Teacher _____ School Site _____ Date _____

TIMELINE/PROCEDURES	Date	Teacher Initials	Administrator Initials
Within 45 calendar days of the first day of instruction <i>Orientation Initial Conference:</i> Evaluator and evaluatee meet to review standards (CSTP I-VI) for evaluation. First classroom observation may be scheduled at this conference.			
Oct 15 – Dec 15 <i>Formal Observation:</i> First of two formal classroom observations conducted.			
Oct 15 – Dec 15 <i>Performance Improvement Need Identified:</i> In cases where improvement is needed, an interim appraisal conference will be held no later than December 15. A performance improvement plan may be initiated.			
Oct 15 – Jan 15 <i>Satisfactory Performance:</i> In cases of satisfactory performance, an interim appraisal conference will be held no later than Jan 15th.			
Dec 15 – Mar 1 <i>Performance Improvement Need Identified:</i> In cases where improvement is needed, implementation of this plan (performance improvement) is to be carried out along with conferences as needed.			
Prior to March 1 <i>Performance Improvement Need Identified - Final Appraisal Conference:</i> In cases where improvement is needed, an appraisal conference with the evaluator will be held no later than Mar 1.			
Prior to March 15 <i>Performance Improvement Need Identified - Recommendations for employment:</i> In cases where improvement is needed, the employee will be notified by the evaluator no later than Mar 15 relative to his/her recommendation for re-employment or non-reemployment/dismissal of the employee.			
Jan 15 – Mar 31 <i>Formal Observation:</i> Second of two formal classroom observations conducted.			
30 days prior to the last day of school <i>Final Evaluation Meeting:</i> Evaluator conducts final evaluation conferences with teacher. Final signatures obtained.			



SAN JOAQUIN COUNTY
OFFICE OF EDUCATION
FREDRICK A. WENTWORTH, SUPT.

**FORMAL CLASSROOM OBSERVATION/
POST-CONFERENCE FORM**

Teacher _____ School Site _____ Date _____

EVIDENCE OF STANDARDS (during observation):

RECOMMENDATIONS:

All other evaluator notes are attached.
_____ Pages attached

Above recommendations indicate need for structured
teacher support via Performance Improvement Plan



PERFORMANCE IMPROVEMENT PLAN

Teacher _____ School Site _____ Date _____

Evaluation Period _____ to _____ Date of Conference _____

Status: Probationary 1 Probationary 2 Permanent Other

Evaluator _____ Position Title _____

A. Description of areas in which improvement is needed. (This needs to be highly specific and as detailed as possible).

B. Recommended procedures, activities, and/or methods to be used by the employee to achieve acceptable performance.

C. Recommended timeline or milestones which the employee must meet in the implementation of the improvement plan.

D. Identification of management support that will be provided to assist the employee. (Support assistance to be given must be related to the area in which improvement is being sought. Nature of assistance must be clearly specified.)

I have read this Performance Improvement Plan, but my signature does not necessarily signify agreement. I understand that any written statement I wish to make regarding this report will be attached to all copies of it. I also understand that a copy will be placed in my personnel file.

Evaluator Date Evaluatee Date