**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The following statements relate to the targets of the Teacher Evaluation for Foundational Services training/workshop sessions Module 5. Please indicate your comfort level with the following:

*4= I do this routinely and with confidence. I can teach others how to do this.*

*3= I do this sometimes in my job. I can share with others my successes.*

*2= I do this sometimes this in my job. I’m not sure I’m doing it right or with consistency.*

*1= I would like more information on this area so I can do this better and with more consistency.*

|  |  |  |
| --- | --- | --- |
| Teacher Evaluation – Module 5 | Pre | Post |
| I can explain the difference between the State Model and a District Created Model |  |  |
| I can articulate the requirements of the State Model and when a district needs to utilize various components |  |  |
| I can determine whether it would be better for my district/a district to create a model or utilize the state model for teacher evaluation |  |  |

**Reflection Questions following post survey:**

1. In what areas did you grow the most?
2. In what areas do you need further development?
3. What next steps do you plan to take to further develop your knowledge and skills related to the State Model?