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

The following statements relate to the targets of the Teacher Evaluation for Foundational Services training/workshop session Module 1. 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 1 | Pre | Post |
| I can demonstrate knowledge of the Illinois Administrative Code Part 50. |  |  |
| I have a working knowledge of key definitions in Section 50.30 of Illinois Administrative Code Part 50 (e.g Type 1, 2, and 3 assessments, Measurement Models, etc.). |  |  |
| I can demonstrate knowledge of Section 50.110 Student Growth Components of Illinois Administrative Code Part 50. |  |  |
| I can describe the student characteristics that the Joint Committee must/should consider. |  |  |

**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 and Summative Rating?