

## Connecticut Educator Evaluation and Support

### ***Selection of a State or District Designed Model***

Please complete the form below confirming your district's selection of the State Model for teacher and administrator evaluation *or* for a district-designed alternative. If your district is proposing an alternative to any component of the State Model, please indicate below and **attach a description of the district's proposal for each separate component. Provide explicit detailed descriptions (you may use the State Model as a guideline)** so that the Connecticut State Department of Education may approve it based on its alignment to the Connecticut Guidelines for Educator Evaluation. Please limit your response to no more than 50 pages.

**District Name:** \_\_\_\_\_

*Please select one model for each component described for both teacher and administrator evaluation:*

Teacher Evaluation	Administrator Evaluation
<p><b>45%:</b> Attainment of goals and or objectives for student growth, using multiple indicators of academic growth and development to measure the goals/objectives.</p> <p><input type="checkbox"/> <b>State Model</b></p> <p><input type="checkbox"/> <b>District Proposed Alternative</b></p>	<p><b>45%:</b> Multiple student learning indicators</p> <p><input type="checkbox"/> <b>State Model</b></p> <p><input type="checkbox"/> <b>District Proposed Alternative</b></p>
<p><b>40%:</b> Observation of teacher practice and performance.</p> <p><input type="checkbox"/> <b>State Model</b></p> <p><input type="checkbox"/> <b>District Proposed Alternative</b></p>	<p><b>40%:</b> Ratings of administrator performance and practice by the district superintendent or designee</p> <p><input type="checkbox"/> <b>State Model</b></p> <p><input type="checkbox"/> <b>District Proposed Alternative</b></p>
<p><b>10%:</b> Parent or peer feedback including surveys.</p> <p><input type="checkbox"/> <b>State Model:</b></p> <p style="padding-left: 40px;">Parent feedback <input type="checkbox"/></p> <p style="text-align: center;"><i>or</i></p> <p style="padding-left: 40px;">Peer feedback <input type="checkbox"/></p> <p><input type="checkbox"/> <b>District Proposed Model:</b></p> <p style="padding-left: 40px;">Parent feedback <input type="checkbox"/></p> <p style="text-align: center;"><i>or</i></p> <p style="padding-left: 40px;">Peer feedback <input type="checkbox"/></p>	<p><b>10%:</b> Feedback from stakeholders on areas of principal and/or school practice described in the Connecticut Leadership Standards.</p> <p><input type="checkbox"/> <b>State Model</b></p> <p><input type="checkbox"/> <b>District Proposed Alternative</b></p>
<p><b>5%:</b> Whole-school student learning indicators or student feedback.</p> <p><input type="checkbox"/> <b>State Model:</b></p> <p style="padding-left: 40px;">Whole school indicators <input type="checkbox"/></p> <p style="text-align: center;"><i>or</i></p> <p style="padding-left: 40px;">Student feedback <input type="checkbox"/></p> <p style="text-align: center;"><i>or</i></p> <p style="padding-left: 40px;">Both <input type="checkbox"/></p> <p><input type="checkbox"/> <b>District Proposed Model:</b></p> <p style="padding-left: 40px;">Whole school indicators <input type="checkbox"/></p> <p style="text-align: center;"><i>or</i></p> <p style="padding-left: 40px;">Student feedback <input type="checkbox"/></p> <p style="text-align: center;"><i>or</i></p> <p style="padding-left: 40px;">Both <input type="checkbox"/></p>	<p><b>5%:</b> Teacher effectiveness outcomes.</p> <p><input type="checkbox"/> <b>State Model</b></p> <p><input type="checkbox"/> <b>District Proposed Alternative</b></p>

**DUE DATE FOR YOUR RESPONSE (including description of district-proposed alternatives):**  
**9:00 A.M., TUESDAY, JANUARY 15, 2013, to Sarah Barzee at: [Sarah.Barzee@ct.gov](mailto:Sarah.Barzee@ct.gov).**

\_\_\_\_\_  
**Superintendent Signature**

\_\_\_\_\_  
**Date**

**Questions? Please call the Educator Evaluator Hotline: 860-713-6868.**