

Medford Public Schools Self-Assessment Form



Educator—Name/Title: _____

Primary Evaluator—Name/Title: _____

Supervising Evaluator, if any—Name/Title/Role in evaluation: _____

School(s): _____

Part 1: Analysis of Student Learning, Growth, and Achievement <i>Briefly summarize areas of strength and high-priority concerns for students under your responsibility for the upcoming school year. Cite evidence such as results from available assessments. This form should be individually submitted by educator, but Part 1 can also be used by individuals and/or teams who jointly review and analyze student data.</i> 603 CMR 35.06 (2)(a)1	
Area(s) of Strength:	Evidence:
High-Priority Concern(s) For Students:	Evidence:

Team, if applicable: _____

List Team Members below:

_____	_____
_____	_____
_____	_____

Educator—Name/Title: _____

Part 2: Assessment of Practice Against Performance Standards
Citing your district's performance rubric, briefly summarize areas of strength and high-priority areas for growth. Areas may target specific Standards, Indicators, or Elements, or span multiple Indicators or Elements within or across Standards. The form should be individually submitted by educator, but Part 2 can also be used by teams in preparation for proposing team goals.
[603 CMR 35.06 \(2\)\(a\)2](#)

Area(s) of Strength:	Evidence:	St/Ind:
High Priority Area(s) for Growth:	Evidence:	St/Ind:

Team, if applicable: _____

List Team Members below:

Signature of Educator _____ Date _____

Signature of Evaluator _____ Date _____

* The evaluator's signature indicates that he or she has received a copy of the self-assessment form and the goal setting form with proposed goals. It does not denote approval of the goals.