

Teacher Module E: Evaluation

TM_E1. At the beginning of the year, did your principal, instructional coach, or another member of your school's leadership team review your evaluation data from last year to give you feedback? (Select one option)

- a. Yes, I received feedback based on my evaluation last year.
- b. I was evaluated last year but did not receive feedback this year.
- c. I was not evaluated last year.

TM_E2. How much action did you take this year as a result of that feedback? (Select one option)

- a. No action
- b. Some action
- c. Major action

TM_E3. How much action have you taken as a result of feedback you have received from each aspect of your evaluation this school year? If the item listed is not included as part of your evaluation then please select "Not Applicable".

	No action intended	No action yet	Some action	Major action	Not Applicable
a. Student achievement growth from my classroom (e.g., TVAAS) (Select one option)					
b. Student achievement growth outside of my classroom. (Select one option)					
c. Portfolio model (Select one option)					
d. ACT/SAT/Explore/Plan (Select one option)					
e. AP/IB/NIC suites of assessments (Select one option)					
f. Other state or national assessments (Select one option)					
g. Graduation rate (Select one option)					
h. Student surveys (Select one option)					
i. Parent surveys (Select one option)					
j. Colleague/peer surveys (Select one option)					

TM_E4. Please indicate the extent to which you agree or disagree with the following statements about the teacher evaluation process.

The teacher evaluation process ...

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Focused on the aspects of my work that will affect student learning (Select one option)				
b. Helps me to identify areas where my teaching is strong. (Select one option)				
c. Provides me with clear expectations for my teaching. (Select one option)				
d. Helps me plan instruction and develop lesson plans. (Select one option)				

TM_E5. Please indicate the extent to which you agree or disagree with the following statements regarding the teacher evaluation system in your school district.

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. The evaluation criteria are applied equally to all teachers, regardless of their background or level of experience. (Select one option)				
b. The system is effective in identifying outstanding teachers. (Select one option)				
c. The system is effective in identifying teachers who are struggling. (Select one option)				
d. The evaluation system is accurate enough that different evaluators reviewing the same evidence would likely give the same ratings. (Select one option)				
e. I receive very detailed feedback on my strengths and weaknesses through the evaluation process. (Select one option)				
f. The individual(s) who observes my classroom has the expertise to evaluate my practice. (Select one option)				

TM_E6. Please indicate the extent to which you agree or disagree with the following statements regarding teacher observations in your school district.

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I seem to struggle with the same indicator from one year to the next in multiple observations. (Select one option)				
b. My observer(s) seem to focus on the same indicators for improvement from one year to the next even though I think I need to focus on improvement in other areas. (Select one option)				
c. I have used the same or very similar lesson across multiple observations. (Select one option)				
d. The days on which classroom observations were conducted represented a typical day in my classroom (Select one option)				
e. I have had productive discussions with other teachers about feedback I received in a post-conference. (Select one option)				

TM_E7. Please rate the extent to which your school has supported your participation within the teacher evaluation system this school year by providing each of the following resources.

	No Support	Some Support	Adequate Support	Strong Support
a. Leadership support (such as key information and guidance from school or district administrators) (Select one option)				
b. Time (such as planning or release time to complete evaluation materials) (Select one option)				
c. Materials (such as guidelines to facilitate the process) (Select one option)				
d. Access to staff with specific expertise (such as instructional coaches) within and/or outside of my school (Select one option)				

TM_E8. Please indicate the extent to which you agree or disagree with the following statements regarding TVAAS (Tennessee Value-Added Assessment System).

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. TVAAS scores should be used to inform professional learning priorities. (Select one option)				
b. I find student growth data useful for organizing my classroom (e.g. seating charts, etc.) during beginning of year planning. (Select one option)				
c. I have a trusted resource at my school or district office I can consult when I have questions about TVAAS. (Select one option)				
d. TDOE communication concerning TVAAS is easy to understand. (Select one option)				

TM_E9. Please report on your view of the burden of the teacher evaluation process. (Select one)

Low Burden 1	2	3	4	High Burden 5

TM_E10. In your opinion, how should each of the following factors be incorporated into teacher compensation?

	Base Salary	Annual Base Salary Increases	One-time Bus/Stipend Should Not Affect	Should Not Affect Compensation
a. Years of relevant teaching experience (Select one option)				
b. Years of relevant work experience (Select one option)				
c. Degree level attained (Select one option)				
d. Serving in an instructional leadership role (teacher-leader, coach, mentor, or role supporting other teachers) (Select one option)				
e. "Level of Overall Effectiveness" from Educator Evaluation System (Select one option)				
f. Teaching in hard-to-staff subjects (Select one option)				
g. Teaching in hard-to-staff grades (Select one option)				
h. Teaching in hard-to-staff schools (Select one option)				
i. Teacher certifications (such as NBCT) or additional endorsements attained (Select one option)				
j. Working with students outside of classroom time (Select one option)				