**Kentucky Framework for Specialists Self-Assessment**

**Instructional Specialist/Coach**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Component:** | **Self-Assessment:** | **Rationale:** |
| *1A -* Demonstrating knowledge of current trends in specialty area and professional development | I | D | A | E |  |
| *1B -* Demonstrating knowledge of the school’s program and levels of teacher skill in delivering that program | I | D | A | E |  |
| *1C -* Establishing goals for the instructional support program appropriate to the setting and the teachers served  | I | D | A | E |  |
| *1D -* Demonstrating knowledge of resources both within and beyond the school and district | I | D | A | E |  |
| *1E -* Planning the instructional support program integrated with the overall school program | I | D | A | E |  |
| *1F -* Developing a plan to evaluate the instructional support program | I | D | A | E |  |
| *2A -* Creating an environment of trust and respect  | I | D | A | E |  |
| *2B -* Establishing a culture for ongoing instructional improvement  | I | D | A | E |  |
| *2C -* Establishing clear procedures for teachers to gain access to the instructional support | I | D | A | E |  |
| *2D -* Establishing and maintaining norms of behavior for professional interactions | I | D | A | E |  |
| *2E -*  Organizing physical space for workshops or training | I | D | A | E |  |
| *3A -* Collaborating with teachers in the design of instructional units and lessons  | I | D | A | E |  |
| *3B -*Engaging teachers in learning new instructional skills  | I | D | A | E |  |
| *3C - Sharing expertise with staff* | I | D | A | E |  |
| *3D -* Locating resources for teachers to support instructional improvement  | I | D | A | E |  |
| *3E -*  Demonstrating flexibility and responsiveness | I | D | A | E |  |
| *4A -* Reflecting on practice  | I | D | A | E |  |
| *4B -*  Preparing and submitting budgets and reports | I | D | A | E |  |
| *4C -* Coordinating work with other instructional specialists | I | D | A | E |  |
| *4D -* Participating in a professional community  | I | D | A | E |  |
| *4E -*  Engaging in professional development | I | D | A | E |  |
| *4F -* Showing professionalism including integrity and confidentiality | I | D | A | E |  |

**Part B: Connecting Priority Growth Needs to Professional Growth Planning**

|  |
| --- |
| **Connections: Select the area(s) below that helped you determine your area for professional growth.** |
| □ Self-reflection (see above) | □ Observations | □ CDIP/CSIP |
| □ Student Growth Goal | □ Student Voice | □ Personal Choice |
| □ Other: (please specify) |  |

|  |  |
| --- | --- |
| What do I want to change about my instruction that will effectively impact student learning? |  |
| What professional learning is necessary to make that change? |  |
| How will I monitor my progress towards my goal? How will I know if I accomplished my goal? |  |

|  |
| --- |
| **Action Plan** |
| **Professional Learning** | **Resources/Support** | **Targeted Completion Date** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Demonstrable:*****Identify the documentation intended to demonstrate your professional growth.*** |
| □ Artifacts | □ Self-Assessment | □ Ongoing Self-Reflection |
| □ Certificate of Completion | □ Teaming with Colleague | □ Observation Data |
| □ Other: (please specify) |  |

|  |  |
| --- | --- |
| **Teacher Signature:** | **Date:** |
| **Administrator Signature:** | **Date:** |

**Part C: Mid-Year Reflection – Progress Toward Professional Growth Goal**

|  |  |  |
| --- | --- | --- |
| **Date:** | **Status of Professional Growth Goal:** | **Revisions/Modifications:** |
|  |  |  |

**Part D: Summative Reflection- Level of Attainment for Professional Growth Goal**

|  |  |
| --- | --- |
| **Date:** | **End of Year Reflection:** |
|  |  |

|  |
| --- |
| **Next Steps:** |
|  |

|  |
| --- |
| **Status of Professional Growth Goal:**  |
|

|  |  |  |
| --- | --- | --- |
| * Complete
 | * Continue
 | * Not Started
 |

 |

|  |  |
| --- | --- |
| **Teacher Signature:** | **Date:** |
| **Administrator Signature:** | **Date:** |