APPENDIX C

TPGES & OPGES FORMS

The following forms are included in this section and are utilized in BOTH the TPGES and OPGES Systems:

- TPGES/OPGES Review & Reflection Meeting Form
- TPGES/OPGES Summative Evaluation Form

NEWPORT INDEPENDENT SCHOOLS TPGES/OPGES REVIEW & REFLECTION MEETING FORM

(OPTIONAL)

What is the review & reflection meeting? The review and reflection of formative assessments and evidence toward goals in the classroom allows teachers and administrators to take the time to look at the evidence and note progress and make any corrections during the process rather than at the end of the year.

	REVIEW & REFLECTION MEETING CHECKLIST
Complet	e prior to the Review & Reflection Meeting
	Review Self-Reflection
Bring to	the Review & Reflection Meeting
	Data showing student achievement
	Artifacts/Evidence of progress towards PGP
Be prepa	ared to discuss these items at the Review & Reflection Meeting
	Share your analysis of the year-to-date progress
	Discuss any modifications needed for your plans based on the data
	Identify next steps and any support needed

QUESTIONS FOR DISCUSSION	NOTES/REFLECTIONS
 Observation Questions (Measures 1, 2, & 3) How do you think you have shown improvement? What areas do you still need to grow and what evidence can you show or provide? What professional practices and decisions in your work have had the most influence on your ability to support student achievement? 	
 Observation Questions (Measure 4) How has this goal caused you to change professional practice? How has this change caused an increase in student progress? 	

REVIEW & REFLECTION MEETING			
Teacher Signature:		Date:	
Administrator Signature:		Date:	

NEWPORT INDEPENDENT SCHOOLS TPGES/OPGES SUMMATIVE EVALUATION

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SCHOOL				
GRADE LEVEL/SUBJECT(S)/ROLE	•			
EVALUATOR				
SUMMATIVE CYCLE Please check which box applies to the evaluated		r Summative Cycle	Inree Year Su	mmative Cycle
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	OBSE	ERVATION DATA		
	Observation 1	Observation 2	Observation 3	Optional
	bs. Type:	Obs. Type:	Obs. Type:	Observation
Date				
Pre-Conference Meeting Date (OPTIONAL)				
Post-Conference Meeting Date (Date information was shared if completed electronically)				
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Measure 1: Planning	Please check wi	hich box applies to the evaluate	ee	Ineffective
Measure 1: Planning Measure 2: Environment	Please check wi	hich box applies to the evaluate	ee	Ineffective
Measure 1: Planning Measure 2: Environment Measure 3: Instruction	Please check wi	hich box applies to the evaluate	ee	Ineffective

Evaluatee's Comments:		
Evaluator's Comments:		
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	SUMMATIVE EVALUATION MEETIN	G	Evaluatee Agrees	Evaluatee Disagrees	
				Evaluatee will Check One Below	
*Evaluatee Signature:		Date:			
*Administrator Signature:		Date:			

^{*}Denotes sharing of results, not necessarily agreement with the summative rating