2024 - 2025 PDE 13-1: Classroom Teacher Rating Form

Name: MILLS, GEOFFREY M (1379421) Employee Type: Professional Employee Unionville High School (1443) Unionville-Chadds Ford School District (124158503) School, LEA/District: Evaluation Type: Annual Classroom Teacher Ratings (By Measure) (A) Observation & Practice Adjusted Rating Domain Rating nain Rating Assign 0 to 3 Point Scale % Assigned Rating I. Planning & Preparation Value 2 × 20% = 0.40/0.60 Failing 0 II. Classroom Environment 3 × 30% = 0.90/0.90 Needs Improvement Proficient III. Instruction 3 x 30% = 0.90/0.90 2 Distinguished 3 IV. Professional Responsibilities 3 × 20% = 0.60/0.60 Observation & Practice Rating: 2.80/3.00 (B) Student Performance (B.1) Building Level Data **Building Level Data Rating:** Domain Rating Assignment 0 to 3 Point Scale Rating Value Substitute Observation & Practice Rating: 2.80 Failing Needs Improvement Substitute Transfer Option(s) Rating: Proficient 2 Distinguished (B.2) Teacher Specific Data Indicator Rating % Assigned Adjusted Rating Domain Rating Assignment 0 to 3 Point Scale Growth Rating Value Assessment Failing 0 Needs Improvement **IEP Goals Progress** Proficient 2 Teacher-Specific Data Rating: Distinguished Substitute LEA Selected Measure(s) Rating: 3.00 (B.3) LEA Selected Measure(s) Domain Rating Assignment 0 to 3 Point Scale LEA Selected Measure(s) Rating: 3.00 Rating Value Failing 0 Needs Improvement Proficient 2 Distinguished Classroom Teacher Summative Rating (All Measures) Adjusted Rating Measure Rating % Assigned Conversion to Performance Rating Total Rating (1) Observation & Practice Rating 2.80 × 70% = 1.96/2.10 0.00 to 0.49 Failing 0.50 to 1.49 Needs Improvement (2) Building Level Data Rating 2.80* × 10% = 0.28/0.30 1.50 to 2.49 Proficient (3) Teacher-Specific Data Rating 3.00* × 10% = 0.30/0.30 2.50 to 3.00 Distinguished * Substitutions permissible pursuant to 22 Pa. Code \$\$ 19.2a(b)(1)(ii),(iii), (b)(2)(i) (D)(I-III), (b)(2)(ii)(C). (4) LEA Selected Measure(s) Rating 3.00 × 10% = 0.30/0.30 Total: 2.84/3.00 Performance Rating: Distinguished I certify that the above-named employee for the period beginning 08/20/2024 and ending 06/30/2025 has received a performance rating of: □ Distinguished □ Proficient □ Needs Improvement □ Failing resulting in a final rating of: ☐ Satisfactory ☐ Unsatisfactory Distinguished, Proficient, or Needs Improvement shall be considered Satisfactory. Failing shall be considered Unsatisfactory. A second Needs Improvement issued by the same employer within 4 years of the first where the employee is in the same certification shall be considered Unsatisfactory. Designated Rater / Position Date Chief School Administrato

I acknowledge that I have read the report and that I have been given an opportunity to discuss it with the rater. My signature does not necessarily mean that I agree

with the performance evaluation.

Signature of Employee

Date