

ACHIEVEMENT MEASURE WORKSHEET

Educator Name _____

School Name _____

Position _____

To be completed at Fall conference (by November 1st)

Part A: Achievement Measures (Check One)	
State assessments (discipline-specific/TCAP)	<input type="checkbox"/>
School-wide TVAAS	<input type="checkbox"/>
ACT/SAT suite of assessments	<input type="checkbox"/>
"Off the shelf" assessments commonly used throughout the state and/or nationally	<input type="checkbox"/>
AP/IB/NIC suites of assessments	<input type="checkbox"/>
Graduation rate/CTE concentrator graduation rate	<input type="checkbox"/>
Postsecondary matriculation/persistence/placement as defined by TDOE and THEC	<input type="checkbox"/>
Completion/success in advanced coursework, including dual credit and dual enrollment	<input type="checkbox"/>
9 th grade promotion to the 10 th grade/ 9 th grade retention rate	<input checked="" type="checkbox"/>

For an approved list of options by educator group, see the Approved Achievement Measure Matrix.

Part B: Chosen Measure and Rationale*:	
Achievement Score	Measurable Criteria to Meet Effectiveness Rating ¹ To be completed by Administrator and Teacher
1	0% - 92%
2	92% - 94%
3	94% - 96%
4	96% - 98%
5	98% - 100%

For additional guidance on the setting of achievement levels, see guidance documents.
¹Data for the chosen measure must be quantifiable.

*Educator Signature: _____

Date: _____

Evaluator Signature: _____

Date: _____

To be completed prior to the summative conference

Part C: Summative Effectiveness Rating (For Evaluator Use Only)

Achievement Measure Outcome (On Measure Selected Above)

Final Achievement Score: _____

*Educator Signature: _____

Evaluator Signature: _____

Date: _____

*Signatures indicate that the information contained in this document has been discussed.

*When current year data is released, teachers may choose to substitute their individual TVAAS score for the chosen 15% measure if they score 3, 4, or 5.