



**Waseca Public Schools  
Independent School Dist. 829**

**Probationary Library-Media Specialist Formative Evaluation Form**

Specialist:	Observation/Review Date:
Evaluator:	School:
Setting Observed:	Subject:

N/A= Not Assessed      U= Unsatisfactory      B= Basic      P= Proficient      D= Distinguished

Year Proficiency (P)  
Expected  
1 2 3

**Domain 1: Planning and Preparation**

**Performance Level**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1a: Demonstrating knowledge of literature and current trends in Library/media practice and information technology	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1b: Demonstrating knowledge of the school's program and student Information needs within that program	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1c: Establishing goals for the library/media program appropriate to the Setting and the students served	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1d: Demonstrating knowledge of resources, both within and beyond The school district, and access to such resources as interlibrary loan	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1e: Planning the library/media program integrated with the overall school program	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1f: Developing a plan to evaluate the library/media program	NA	U	B	P	D

Comments:
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**Domain 2: The Classroom Environment**

**Performance Level**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2a: Creating an environment of respect and rapport	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2b: Establishing a culture for investigation and love of literature	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2c: Establishing and maintain library procedures	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2d: Managing student behavior	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2e: Organizing physical space to enable smooth flow	NA	U	B	P	D

Comments:

**Domain 3: Instruction**

**Performance Level**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3a: Maintaining and extending the library collection in accordance with the School's needs and within budget limitations	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3b: Collaborating with teachers in the design of instructional units and lessons	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3c: Engaging students in enjoying literature and in learning information skills	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3d: Assisting students and teachers in the use of technology in the Library/media center	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3e: Demonstrating flexibility and responsiveness	NA	U	B	P	D

Comments:

**Domain 4: Professional Responsibilities**

**Performance Level**

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4a: Reflecting on practice	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4b: Preparing and submitting reports and budgets	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4c: Communicating with the larger community	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4d: Participating in a professional community	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4e: Engaging in professional development	NA	U	B	P	D
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4f: Showing professionalism	NA	U	B	P	D

Comments:

Overall Comments:

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**My signature below acknowledges that I have received a copy of my evaluation dated \_\_\_\_\_.  
I was also provided the opportunity to view and discuss this evaluation.**

**Initials and date indicate that professional has received but does not agree with evaluation.  
Signature and date indicate that professional has received and agrees with evaluation.**

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_