

SAFE-T LOG (ET4)

Teacher's name _____ SC Teaching Certificate No. _____

District _____ School _____

Grade level(s)/Subject area(s) _____

Academic year _____ Contract level _____

Evaluator/Chair _____ SC Teaching Certificate No. _____

Evaluator _____ SC Teaching Certificate No. _____

Evaluator _____ SC Teaching Certificate No. _____

Preliminary Evaluation Period (PEP) The teacher received a comprehensive orientation to SAFE-T.	Date	Teacher's Initials
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Preliminary Evaluation Period (PEP) The teacher submitted the long-range plan .	Date	Chair's Initials
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Preliminary Evaluation Period (PEP) The teacher submitted the unit work sample .	Date	Chair's Initials
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Preliminary Evaluation Period (PEP) Integral classroom observation #1 for the PEP was conducted.	Date	Evaluator's Initials
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Preliminary Evaluation Period (PEP) The teacher submitted the reflection on PEP observation #1.	Date	Chair's Initials
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Preliminary Evaluation Period (PEP) Integral classroom observation #2 for the PEP was conducted.	Date	Evaluator's Initials
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Preliminary Evaluation Period (PEP) The teacher submitted the reflection on PEP observation #2.	Date	Chair's Initials
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Preliminary Evaluation Period (PEP) The professional performance review was submitted.	Date	Chair's Initials
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Preliminary Evaluation Period (PEP) The teacher submitted the professional self-assessment .	Date	Chair's Initials
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Preliminary Evaluation Period (PEP) The evaluation team consensus meeting was held.	Date	Chair's Initials
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Preliminary Evaluation Period (PEP) The preliminary evaluation conference was held with the teacher.	Date	Chair's Initials
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Comments and/or description of other SAFE-T related activities (e.g., additional integral classroom observations, additional reflections, walk-through observations) conducted during the preliminary evaluation period. *(optional)*

Final Evaluation Period (FEP) The teacher submitted the long-range plan , <i>if required</i> .	Date	Chair's Initials
Final Evaluation Period (FEP) The teacher submitted the unit work sample , <i>if required</i> .	Date	Chair's Initials
Final Evaluation Period (FEP) Integral classroom observation #1 for the FEP was conducted.	Date	Evaluator's Initials
Final Evaluation Period (FEP) The teacher submitted the reflection on FEP observation #1.	Date	Chair's Initials
Final Evaluation Period (FEP) Integral classroom observation #2 for the FEP was conducted.	Date	Evaluator's Initials
Final Evaluation Period (FEP) The teacher submitted the reflection on FEP observation #2.	Date	Chair's Initials
Final Evaluation Period (FEP) The professional performance review was submitted.	Date	Chair's Initials
Final Evaluation Period (FEP) The teacher submitted the professional self-assessment , <i>if required</i> .	Date	Chair's Initials
Final Evaluation Period (FEP) The evaluation team consensus meeting was held.	Date	Chair's Initials
Final Evaluation Period (FEP) The final evaluation conference was held with the teacher.	Date	Chair's Initials

Comments and/or description of other SAFE-T related activities (e.g., additional integral classroom observations, additional reflections, walk-through observations) conducted during the final evaluation period. (optional)

By signing below, I verify the accuracy of the above SAFE-T log.

Evaluator _____ Date _____

Evaluator _____ Date _____

Evaluator _____ Date _____

Teacher _____ Date _____