**ONC BOCES**

**ANNUAL PROFESSIONAL PERFORMANCE REVIEW**

**APPR CONFERENCE REFLECTION FORM**

**(For Counselors, HI, Psychologists, Science Enrichment, Speech, and VI)**

Name \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FULL OBSERVATION CONSULTATION \_\_\_\_ DATE**

**EVALUATION CRITERIA:**

(Please choose two (2) of the highlighted Criteria)

|  |  |  |
| --- | --- | --- |
| - Preparation |  | - Student Development |
| - Student Assessment |  | - Content Knowledge |
| - Management |  | - Collaboration |
| - Reflective & Responsive Practice |  | - Service Delivery |

**CRITERIA 1:**

Strength(s):

Area(s) for Growth:

**CRITERIA 2:**

Strength(s):

Area(s) for Growth:

**OPTIONAL COMMENTS/OPTIONAL ATTACHMENTS:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Teacher Signature Date Evaluator Signature Date