

Educator Evaluation

REPORTING GUIDE



Lanea Martin & Rick Couturier
Ingham Intermediate School District
September 2016

Educator Evaluation Table of Contents

Due Dates and Protocols for Submission.....	2-4
Document Examples.....	5-8
Reports.....	9-12
Contact Us.....	13

Due Dates

AND PROTOCOLS FOR SUBMISSION

Educator Evaluation Due Dates

Report Due	Period Covered			Report Due
Educator Evaluation Activity Report	7/1/2015	9/15/2016	*	Friday, Sept. 23, 2016
(Projected) Educator Evaluation Activity Report	7/1/2015	9/15/2016	*	Friday, Sept. 23, 2016
MDE Interim Report – IISD submits to MDE <i>* Required documentation for Interim Report</i>				Friday, Sept. 30, 2016
Grant Expense Reimbursement Form	7/1/2015	9/15/2016		Tuesday, Oct. 25, 2016
Educator Evaluation Activity Report	9/16/2016	12/31/2016		Wednesday, Jan. 25, 2017
(Projected) Educator Evaluation Activity Report	9/16/2016	12/31/2016		Wednesday, Jan. 25, 2017
Grant Expense Reimbursement Form	9/16/2016	12/31/2016		Wednesday, Jan. 25, 2017
Educator Evaluation Activity Report	1/1/2017	3/31/2017		Tuesday, April 25, 2017
(Projected) Educator Evaluation Activity Report	1/1/2017	3/31/2017		Tuesday, April 25, 2017
Grant Expense Reimbursement Form	1/1/2017	3/31/2017		Tuesday, April 25, 2017
Educator Evaluation Activity Report	4/1/2017	6/30/2017		Tuesday, July 25, 2017
(Projected) Educator Evaluation Activity Report	4/1/2017	6/30/2017		Tuesday, July 25, 2017
Grant Expense Reimbursement Form	4/1/2017	6/30/2017		Tuesday, July 25, 2017
Educator Evaluation Activity Report	7/1/2017	9/30/2017		Wednesday, Oct. 25, 2017
Grant Expense Reimbursement Form	7/1/2017	9/30/2017		Wednesday, Oct. 25, 2017
Grant Funding Narrative (outline to be provided by IISD)	7/1/2017	9/30/17		Wednesday, Oct. 25, 2017
MDE Final Report – IISD submits to MDE <i>* All documentation listed above must be included in final summary</i>				Thursday, Nov. 30, 2017

Protocols for Submission

Educator Evaluation Activity Report

This form will be used to document each activity and the breakdown of expenses related to educator evaluation that your district participates in. Be sure to include activities in which the district did not incur costs such as (Leverage Leadership training, SLO training, etc.). This will allow districts to track their progress in fulfilling the reporting requirements by MDE. Please see the procedure below for submission of the report.

- ❖ Submit a copy of the Activity Report to your district business office to assist them in completing the Grant Reimbursement Form, reference below.
- ❖ Submit a copy of the Activity Report to Rae Zieger Conrad at rzconrad@inghamisd.org for review by Ingham ISD staff.
- ❖ Please include district sign-in sheets with your submission. Ingham ISD will provide copies of sign-in sheets for ISD sponsored professional development.
- ❖ See submission dates to the ISD provided in the above chart.
- ❖ IISD will submit all reports to MDE and will communicate to districts when this is completed.

(Projected) Educator Evaluation Activity Report

This form will be used to document projected activities and the breakdown of expenses related to educator evaluation that your district plans to participate in. These activities once completed can be pasted into the Activity Report. Please see the procedure below for submission of the report.

- ❖ Submit to Rae Zieger Conrad at rzconrad@inghamisd.org for review by Ingham ISD staff.
- ❖ See submission dates provided in the above chart.
- ❖ IISD will submit all reports to MDE and will communicate to districts when this is completed.

Grant Expense Reimbursement Form

This form will be used by your district business office to request reimbursement for allowable educator evaluation expenses. The electronic form will be provided by IISD to districts by October 1st. Please see the procedure below for submission of the report.

- ❖ Please include a detailed ledger of your expenditures along with supporting documents such as invoices and receipts.
- ❖ Ensure that the expenses reflected on the Activity Report(s) agree with the amount being requested on the Grant Expense Reimbursement Form.
- ❖ The district business office will submit Reimbursement Forms to Rae Zieger Conrad at rzconrad@inghamisd.org for review by Ingham ISD staff.
- ❖ Upon approval Rae will submit to the business office at the Ingham ISD for payment.

Document

EXAMPLES

Educator Evaluation Activity Report

Example

Activity #: 1

****Participant sign-in sheets must be included with the activity report submission.***

Date of Activity:	<i>June 20-21, 2016 August 15-16, 2016 September 15, 2016</i>
Activity Name (i.e., Training One):	<i>Marzano Evaluation Training for Administrators – 5 Days</i>
Activity Overview:	<i>Day One and Two – Overview of the Marzano framework and the Domain 1 Protocol Day Three and Four – Domain 1 Scoring and Feedback Day Five – Domain 2-4 Understanding Unit Design</i>
Number of Participants:	8

Breakdown of Expenses

Expense Description	Projected Cost	Actual Cost
Trainer / Facilitator Fees est. \$600 x 8 =		\$4,800
Facilities Cost		
Supplies / Materials		
Copies		
Substitute Costs		
MISC (please describe)		
*TOTAL COST <i>Enter total cost on Reimbursement Form</i>		\$4,800

(Projected) Educator Evaluation Activity Report

Example

Activity #: 2

Date of Activity:	<i>TBD</i>
Activity Name (i.e., <i>Training One</i>):	<i>Administrator Tool Training – School ADvance</i>
Activity Overview: <i>This two-day training will provide an in depth look at the rubrics for district leaders and principals.</i>	
Number of Participants:	<i>12</i>

Breakdown of Expenses

Expense Description	Projected Cost	Actual Cost
Trainer / Facilitator Fees est. \$325 x 25=	<i>\$3,900</i>	
Facilities Cost		
Supplies / Materials		
Copies		
Substitute Costs		
MISC (please describe)		
*TOTAL COST <i>Enter total cost on Reimbursement Form</i>	<i>\$3,900</i>	

Ingham ISD
95A Educator Evaluation
Example - Grant Expense Reimbursement Form

District Name: *Example District*

Expenditures this period	7/1/2015	to	9/15/2016
	Expenditures Previously Reported	Expenditures this Billing	Expenditures to Date
Educator Evaluation Platform (Describe below and attach invoices/receipts)			
Activity I (Describe below and attach activity report and invoices/receipts)			
Teacher Training		2,650.00	2,650.00
Activity II (Describe below and attach activity report and invoices/receipts)			
Activity III (Describe below and attach activity report and invoices/receipts)			
Total District Expenses	-	2,650.00	2,650.00

Amount to be reimbursed	2,650.00
--------------------------------	-----------------

IISD paid direct - Marzano 5 day training -

3,600.00	3,600.00
6,250.00	6,250.00

Grant Allocation

16,500.00

Grant Allocation Available

10,250.00

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Signature

Date

Printed Name and Title of Business Official

IISD Use Only: Disburse from account
 11-1-411-8510-000-2110-00000-000936-16936

REPORTS

Educator Evaluation Activity Report

Activity #:

**Participant sign-in sheets must be included with the activity report submission.*

Date of Activity:	
Activity Name (i.e., <i>Training One</i>):	
Activity Overview:	
Number of Participants:	

Breakdown of Expenses

Expense Description	Projected Cost	Actual Cost
Trainer / Facilitator Fees		
Facilities Cost		
Supplies / Materials		
Copies		
Substitute Costs		
MISC (please describe)		
*TOTAL COST <i>Enter total cost on Reimbursement Form</i>		

(Projected) Educator Evaluation Activity Report

Activity #:

**Participant sign-in sheets must be included with the activity report submission.*

Date of Activity:	
Activity Name (i.e., <i>Training One</i>):	
Activity Overview:	
Number of Participants:	

Breakdown of Expenses

Expense Description	Projected Cost	Actual Cost
Trainer / Facilitator Fees		
Facilities Cost		
Supplies / Materials		
Copies		
Substitute Costs		
MISC (please describe)		
*TOTAL COST <i>Enter total cost on Reimbursement Form</i>		

**Ingham ISD
95A Educator Evaluation
Grant Expense Reimbursement Form**

District Name:

	Expenditures this period	7/1/2015	to	9/15/2016
	Expenditures Previously Reported	Expenditures this Billing		Expenditures to Date
Educator Evaluation Platform (Describe below and attach invoice)				
Activity I (Describe below and attach activity report and invoices/receipts)				
Activity II (Describe below and attach activity report and invoices/receipts)				
Activity III (Describe below and attach activity report and invoices/receipts)				
Total District Expenses	-			
Amount to be reimbursed				

IISD paid direct - Marzano 5 day training -

Grand Total Expenses

Grant Allocation

Grant Allocation Available

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

Signature

Date

Printed Name and Title of Business Official

IISD Use Only: Disburse from account
11-1-411-8510-000-2110-00000-000936-16936

Ingham Intermediate School District Educator Evaluation Staff

Lanea Martin

MTSS Consultant and Educator Evaluation Local Coordinator

lmartin@inghamisd.org

517.244.4528

Rick Couturier

Educator Evaluation Regional Coordinator and Facilitator

rcouturier@inghamisd.org

517.244.4527

Roberta Perconti

Director of Student Instructional Services

rperconti@inghamisd.org

517.244.1213

Rae Zieger Conrad

Administrative Assistant

rzconrad@inghamisd.org

517.244.1282