



Effectiveness Project® SAPES Calibration: Focus on the Summative

April 14 or 15, 2015

Summative Scoring

- District Expectations
- Bias
- Inter Rater Reliability

Coaching for Growth

- Coaching Protocol
- Framing the Summative Conference

Video Calibration

- School Administrator Observation and Doc Log

Registration Details

April 14, 2015

CESA 6: 2300 State Hwy. 44, Oshkosh

April 15, 2015

CESA 6: 2300 State Hwy. 44, Oshkosh
CESA 1: N25w23131 Paul Road #100, Pewaukee

Registration:
www.myquickreg.com

Cancellation Policy: Any registration cancellation must be received 48 hours before the scheduled date for a refund to be issued. Because attendance at most sessions is limited, persons registering and not in attendance on the day of the session will be charged the full registration fee. CESA 6 reserves the right to cancel any session due to insufficient enrollment. Participants will be notified by email or phone if a cancellation occurs.

SAPES Summative Calibration - School Administrator Professional Evaluation System

This workshop is in preparation to complete the summative ratings on the rubric. Is a preponderance of evidence influencing the rubric rating? Is there evidence to support your comments? Are you prepared to recommend dismissal, continuing employment, or an improvement plan? This is the training that brings the previous learning together to allow you to make sound decisions as an evaluator. Simulations will be a part of this training to allow practice in a safe, skill-building atmosphere.

Who should attend?

Evaluators of school administrators

For additional information contact:

Lori Rugotska Ed.D., CESA 6 Effectiveness Project
lrugotska@cesa6.org or 920-236-0867

School Administrator Professional Evaluation Summative Calibration

Participant Name(s) _____

Position(s) _____ District _____

Phone (Work) _____ (Home) _____

Would you like to be notified by email of future CESA 6 training sessions? Yes No

Email Address _____ Special accommodations or dietary needs _____

**To Register: Go to http://www.cesa6.org/prof_dev/ or send completed form to:
Beth Oosterhous Project Assistant, CESA 6, 2935 Universal Court, Oshkosh, WI 54904,
Fax: 920-236-0580**

Cardholder Name _____

Cardholder Address (include city, state ZIP) _____

Credit Card Type (VISA, MasterCard, etc.) _____

Credit Card Number _____

Expiration Date _____ 3 Digit Code on Back of Card _____