

Reflective Practice Protocol

Application Packet



Office of Curriculum & Instruction

Barnegat Township School District

November 2016

Staff Member's Name _____ School _____

Tenured as of the 16/17 School Year: Yes No Highly Effective during the 15/16 School Year: Yes No

If yes to *both* questions, please fill out the following charts noted below.

Teacher Practice Information from the 15/16 SY

Observation	Score	Observed By	Date of Obs.
Observation #1			
Observation #2			
Observation #3			

Student Growth Objective	Score	SGO Administrator
SGO #1		
SGO #2*		
SGO Average		

*If you only completed one SGO during the 15/16 SY, skip the 2nd row of the chart.

Domain IV Score = _____ Domain IV Admin: _____

Letter of Application

In a short, well-written letter, be sure to include your professional rationale as to why you would like to participate in the Reflective Practice Protocol. Please type the letter and attach it to this application packet.

Letter of Administrative Recommendation/Reference

Select an administrator that can serve as a recommendation/professional reference. Please have the selected administrator complete the attached sheet and return it to you. Applicants will need to attach the form letter to this application as well.

Information Session Information

I attended a Reflective Practice Protocol information session on _____.

OR

I spoke with _____ on _____ about the Reflective Practice Protocol.
(DEAC Member)

Staff Member's Signature _____ Date _____

Application Due Date is Tuesday, November 29th

Completed by Office of Curriculum & Instruction:

Area of Review	Yes	No
Application Completed on Time		
Tenured		
Highly Effective in 15/16		
Letter of Application		
Letter of Reference		
Selected for Protocol		

Administrative Signature _____ Date _____

Director of Curriculum & Instruction

Administrative Reference for Reflective Practice Protocol

Applicant's Name

Name of Administrator Completing Reference

Title of Administrator Completing Reference

Number of Years Known Applicant

Check one below:

This applicant is a strong candidate for participation in the Reflective Practice Protocol (for the 16/17 SY).

This applicant is not a strong candidate for participation in the Reflective Practice Protocol (for the 16/17 SY).

Administrator's Signature_____

Date_____

Kindly return this recommendation form to the applicant.

Thank you!