

Attachment G
CHARLOTTE COUNTY PUBLIC SCHOOLS
PACE FEEDBACK/SELF-REFLECTION GUIDE

Conference Leader _____ Date _____

Title _____

Employee _____ Last 4 Digits of SS# _____

Assignment _____ Work location _____

Date for next conference _____

Date for next observation _____

Who will conduct next observation _____

E. Professional Development Plan (PDP): Comments:

_____ Yes _____ No

A. Some **student** behaviors to continue/maintain:

1. _____
2. _____
3. _____
4. _____
5. _____

B. Some **student** behaviors to increase:

1. _____
2. _____
3. _____
4. _____
5. _____

C. Some **student** behaviors to reduce/stop/avoid:

1. _____
2. _____
3. _____
4. _____
5. _____

D. Some new activities to explore/try:

1. _____
2. _____
3. _____
4. _____
5. _____

ADM. COMMENTS: _____

TEACHER COMMENTS/SELF REFLECTION: _____

Administrator's Signature _____

Date _____

Teacher's Signature _____

Date _____

Signature of employee does not necessarily denote agreement but acknowledges receipt of this document.