

Camdenton R-III School District Building Review Rubric

School: _____

Date: _____

	Instructional Strategies		Communication Arts		Mathematics	
<u>Building Improvement Plan</u>	Yes <input type="checkbox"/> Comment	No <input type="checkbox"/> Comment	Yes <input type="checkbox"/> Comment	No <input type="checkbox"/> Comment	Yes <input type="checkbox"/> Comment	No <input type="checkbox"/> Comment
Aligned to District Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>Content/Grade Level Team Plans:</u> Provide templates as samples to the administrative team.	Yes <input type="checkbox"/> Comment	No <input type="checkbox"/> Comment	Yes <input type="checkbox"/> Comment:	No <input type="checkbox"/> Comment	Yes <input type="checkbox"/> Comment:	No <input type="checkbox"/> Comment
Aligned to Building Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<u>Student Progress Data:</u> Must include the following: Intervention tracking form with updated information; Record of celebrations for achievement of goals; Record of intervention based on instructional need.	Yes <input type="checkbox"/> What Type?	No <input type="checkbox"/>	Yes <input type="checkbox"/> What type?	No <input type="checkbox"/>	Yes <input type="checkbox"/> What type?	No <input type="checkbox"/>
<u>Student Artifact Data:</u> Must include a record of student performance on pre and post assessments as well as sample writing from common scoring rubrics.	Yes <input type="checkbox"/> Summary NA	No <input type="checkbox"/>	Yes <input type="checkbox"/> Summary NA	No <input type="checkbox"/>	Yes <input type="checkbox"/> Summary NA	No <input type="checkbox"/>
<u>Common Formative Assessment:</u> Must contain pre and post assessments for each power standard covered.	Yes <input type="checkbox"/> Evidence at the building levels	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Evidence of Walk-through Observation	Yes <input type="checkbox"/> NA	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Yes		No	
<u>Collaborative Documents:</u> Must contain copies of team meeting reports from professional collaboration release days as well as record of instructional interventions designed to address specific learning needs.	Defined Goals					
	Team Meeting Reports					
	Commentary					

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School: _____

Date:

District Administration Commentary:

Building Administration Commentary:

Signature

Building Principal _____

District Review Team

DRAFT