



Professional Goals

Employee Name _____ Evaluator Name _____ Date _____

Building Name _____ Assignment _____

Evaluation Option: Long Form _____ Short Form _____

1

Learning and Teaching Context (*i.e. describe your schedule, class size and mix, student demographics, work space, access to materials, equipment and technology, etc.*)

2

Area of Focus for Professional Growth (*Describe your professional goal(s) as it/they relate to box #4 below.*)

3

A - Related Evaluation Criteria (*circle*)

1-Instructional Skill 2-Learning Environment 3-Educational Leadership 4-Scholarship 5-Communication

B - Related Building Goal

4

C - Related Dept./Grade Level/Program Goal

Plan for Documentation of Growth (*What evidence will you use to document how your professional growth has positively impacted student learning?*)

5

September 1, 2015 through August 31, 2017

Resources *(Please indicate those resources already identified and those that are needed.)*

6

Collaboration *(List potential collaboration partners and/or opportunities.)*

7

Timeline for Proposed Achievement of Goals

<u>Date/Timeframe</u>	<u>Activities</u>	<u>Anticipated Impact on Student Learning</u>
		8

Teacher Signature _____

Date _____

Administrator Signature _____

Date _____

This page is for any text that would not fit on the previous pages.