



# Goal Setting for Student Progress

Teacher Name \_\_\_\_\_ Employee ID No. \_\_\_\_\_

School \_\_\_\_\_ Evaluation Year \_\_\_\_\_

Grade/Subject \_\_\_\_\_

*Directions: This form is a tool to assist teachers in setting a goal that results in measurable learner progress. Teachers should submit the goal to their evaluator and schedule a goal-setting conference to review the goal. Goals must be finalized by October 31.*

**Initial Goal Submission (due by \_\_\_\_\_ to the evaluator)**

<p><b>I. Setting</b> (Describe the population and special learning circumstances)</p>	
<p><b>II. Content/Subject/Field Area</b> (The area/topic addressed and rationale based on learner achievement, data analysis, or observational data)</p>	

## Goal Setting for Student Progress (Continued)

**III. Baseline Data** (What is shown by the current data?)

Data attached

**IV. Goal Statement** (Describe what you want learners/program to accomplish)



# Goal Setting for Student Progress (Continued)

*V. Means for Attaining Goal (Strategies used to accomplish the goal)*

Strategy	Evidence	Target Date

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

Evaluator Printed Name \_\_\_\_\_

Evaluator Signature \_\_\_\_\_ Date \_\_\_\_\_





# Goal Setting for Student Progress (Continued)

## *End-of-Year Review*

<p><b>VII. End-of-Year Review</b> (Describe goal attainment and other relevant data)</p>	<p>End-of-year review conducted on _____</p>
	<p><input type="checkbox"/> <i>Appropriate Data received</i></p>

**Strategies used and data provided demonstrate appropriate Student Growth**     *Yes*     *No*

Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

Evaluator Signature \_\_\_\_\_ Date \_\_\_\_\_



## Goal Setting for Student Progress (Continued)