

Research and Development Goals-Based Evaluation Professional Growth and Development Plan

Teacher's name: _____ Grade(s)/subject(s): _____

District: _____ School: _____

Dates of GBE cycle: from _____ to _____

♦ **Goal:** I will analyze and utilize data in the area of _____ to increase/improve student achievement.

(This goal is number _____ of _____ goals for the educator's five-year GBE cycle.)

♦ **Duration of goal:**

Anticipated beginning date (*school year*): _____ Anticipated completion date (*school year*): _____

♦ **Types of evidence** required to verify annual progress/overall goal accomplishment:

Meetings with administrators, artifacts of charts, minutes, lesson plans, coordination of planning with team, meetings with coaches, peer observations and reflections, administrator observations, minutes from PLCs, completion of cohort activities, more ideas could be inserted....

♦ **Level of performance** required to determine satisfactory progress/goal accomplishment:

Baseline data from Fall Dominie (K and 1st) or MAP (2nd – 5th) reveals _____% of students in my class performed:

_____ low, _____ average, _____ high in the area of _____ (insert content)_____.

Spring data from Dominie or MAP (identify which one) reveals _____% of students in my class performed:

_____ low, _____ average, _____ high in the area of _____ (insert content)_____.

♦ **Certificate renewal:**

Activities related to this goal

may apply toward this educator's certificate renewal *if* approved by the district.

may not apply toward this educator's certificate renewal.

The above plan was jointly prepared and agreed upon by the following individuals: [*please sign*]

Educator: _____ Date: _____

Supervisor: _____ Date: _____

REVIEW

♦ **Evaluation summary:** (to be completed by the supervisor on the basis of the evidence presented by the educator)

The educator has *met* the above goal.

The educator is making *satisfactory progress* toward achieving this goal.

The educator is *not* making satisfactory progress toward achieving this goal.

Other/comments:

♦ **Overall recommendation:** (to be completed by the supervisor with input from the educator)

- Continue* the above goal.
- Develop/pursue a *new* goal because
 - the above goal has been met.
 - the above goal is no longer appropriate for this educator.
 - one or more new priorities have been established for this educator.
- Other/comments:

The signatures below verify that the educator has received a written and oral explanation of the above evaluation summary and recommendations:

Educator: _____ Date: _____

Supervisor: _____ Date: _____