

Teacher: _____ Teaching Assignment: _____ Yrs Experience: _____

To be completed by the teacher and reviewed with the principal. Peer Coach: _____

Goal #1

#1 Instructional/student/teacher Goal: (Based on self-assessment)		Evidence	
Description of Goal:		<input type="checkbox"/> Workshop(s) (Attach brief description) <input type="checkbox"/> Courses taken (Attach brief description) <input type="checkbox"/> Independent Study (Attach reading list) <input type="checkbox"/> Observation of exemplary teaching <input type="checkbox"/> Student achievement data <input type="checkbox"/> Student Work Samples <input type="checkbox"/> Supervisor Observation	<input type="checkbox"/> Peer Observation <input type="checkbox"/> Portfolio <input type="checkbox"/> Parent Surveys <input type="checkbox"/> Student Surveys <input type="checkbox"/> Supervisor <input type="checkbox"/> Other (List)

Date of Approval Conference:	Supervisor Signature:	Teacher Signature:
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#1 Mid-Year Review of Instructional/student Goal: Comments

Individual:	Peer:	Administrator:

#1 Date Mid-Year Review Conference:	Supervisor Signature:	Teacher Signature:
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#1 End of Year Review of Instructional/student Goal: Comments

Individual:	Peer:	Administrator:

End of Year Comments on how students were impacted:

Year End Review: Approval Conference & Evaluation

SELF & SUPERVISOR	Evidence supports that Goal has been:	<input type="checkbox"/> Attained	<input type="checkbox"/> Partially Attained	<input type="checkbox"/> Not attained
	Future Focus for this goal:	<input type="checkbox"/> Maintain new growth	<input type="checkbox"/> Continue Pursuing	<input type="checkbox"/> Discontinue
Date of End of Year Review Conference:		Supervisor Signature:	Teacher Signature:	

Goal #2

#2 Instructional/student/teacher Goal: (Based on self-assessment)		Evidence		
Description of Goal:		<input type="checkbox"/> Workshop(s) (Attach brief description) <input type="checkbox"/> Courses taken (Attach brief description) <input type="checkbox"/> Independent Study (Attach reading list) <input type="checkbox"/> Observation of exemplary teaching <input type="checkbox"/> Student achievement data <input type="checkbox"/> Student Work Samples <input type="checkbox"/> Supervisor Observation	<input type="checkbox"/> Peer Observation <input type="checkbox"/> Portfolio <input type="checkbox"/> Parent Surveys <input type="checkbox"/> Student Surveys <input type="checkbox"/> Supervisor <input type="checkbox"/> Other (List)	
Date of Approval Conference:	Supervisor Signature:	Teacher Signature:		
#2 Mid-Year Review of Instructional/student Goal:		Comments		
Individual:	Peer:	Administrator:		
#2 Date Mid-Year Review Conference:	Supervisor Signature:	Teacher Signature:		
#2 End of Year Review of Instructional/student Goal:		Comments		
Individual:	Peer:	Administrator:		
End of Year Comments on how students were impacted:				
Year End Review: Approval Conference & Evaluation				
SELF & SUPERVISOR	Evidence supports that Goal has been:	<input type="checkbox"/> Attained	<input type="checkbox"/> Partially Attained	<input type="checkbox"/> Not attained
	Future Focus for this goal:	<input type="checkbox"/> Maintain new growth	<input type="checkbox"/> Continue Pursuing	<input type="checkbox"/> Discontinue
Date of End of Year Review Conference:	Supervisor Signature:	Teacher Signature:		

GROWTH AREA IDEAS: Instructional Skills, Classroom management, Professional literature, Learning skills, Human Relations, Professional Development, Childhood and growth development, Curriculum development: Units, Standards, Assessment; Non-teaching responsibilities, Highly qualified, Brain-based, Learning styles, Differentiated instruction, etc.