**Administrator**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Progress Toward Goals**  *Describe current level of progress and feedback for improvement. Attach additional pages as needed.* | Not Started | Progressing | Met | Exceeded | Did Not Meet |
| **Student Learning Goal:** |  |  |  |  |  |
| **Focus Indicator(s):** |
| **Professional Practice Goal(s):** |  |  |  |  |  |
| **Focus Indicator(s):** |
| **School Improvement Goal:** |  |  |  |  |  |
| **Focus Indicator(s):** |
| **School Improvement Goal:** |  |  |  |  |  |
| **Focus Indicator(s):** |
| **School Improvement Goal:** |  |  |  |  |  |
| **Focus Indicator(s):** |
| **School Improvement Goal:** |  |  |  |  |  |
| **Focus Indicator(s):** |

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| --- | --- | --- | --- | --- | --- | --- |
| **Administrator:** |  |  |  |  |  |  |
|  |  | **Name** |  | **Signature** |  | **Date** |

Overall Analysis: