**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: