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| Primary Evaluator—Name/Title:  |       |

Supervising Evaluator, if any—Name/Title/Role in evaluation:

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| School(s):  |       |

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| **Part 1: Analysis of Student Learning, Growth, and Achievement***Using evidence such as results from available assessments, briefly summarize areas of strength and high-priority concerns for students under your responsibility for the upcoming school year. This analysis will inform the development of your student learning goal(s).*[*603 CMR 35.06 (2)(a)1*](http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06) |
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| **Part 2: Assessment of Practice Against Performance Standards***Citing your district’s* [*performance rubric*](http://www.doe.mass.edu/edeval/resources/rubrics/)*, briefly summarize areas of strength and high-priority areas for growth. Areas may target specific Standards, Indicators, or elements, or span multiple Indicators or elements within or across Standards. This assessment will inform the development of your professional practice goal(s).*[*603 CMR 35.06 (2)(a)2*](http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06) |
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| **Part 3: Goal-Setting***Based on strengths and areas for growth identified in your self-assessment, identify a minimum of* ***one student learning goal*** *and* ***one professional practice goal.*** *Team goals must be considered**per* [*603 CMR 35.06(3)(b)*](http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06)*. Attach pages as needed for additional goals or revisions made to proposed goals during the development of the Educator Plan.* **S.M.A.R.T.:** S=Specific and Strategic; M=Measurable; A=Action Oriented;R=Rigorous, Realistic, and Results-Focused; T=Timed and Tracked |
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| Check all that apply[[1]](#footnote-1):  | [ ]  Proposed Goals | [ ]  Final Goals Date: |       |

 |
| **Student Learning S.M.A.R.T. Goal***Check whether goal is individual or team;* *write team name if applicable.* | **Professional Practice S.M.A.R.T. Goal***Check whether goal is individual or team;* *write team name if applicable.* |
| [ ]  Individual [ ]  Team:             | [ ]  Individual [ ]  Team:             |

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| Signature of Educator |       | Date |  |
| Signature of Evaluator\* |       | Date |       |

\* The evaluator’s signature indicates that he or she has received a copy of the self-assessment form and the goal setting form with proposed goals. It does not denote approval of the goals.

1. If proposed goals change during Plan Development, edits may be recorded directly on original sheet or revised goal may be recorded on a new sheet. If proposed goals are approved as written, a separate sheet is not required. [↑](#footnote-ref-1)