

The Beginning Educator Goals 2011-2012 (Principal and Educator Copy)

Educator Name: (please print) _____

School: _____ CITY _____

Novice educators must:

- | | |
|---|---|
| <ul style="list-style-type: none">• Continue to learn• Continue to improve their own practice• Work with an assigned mentor | <ul style="list-style-type: none">• Document aspects of practice not observable in the classroom• Work together in collegiality• Contribute to the life of the school |
|---|---|

Describe your goals for this school year. The goals support the all-school goals (and/or department/team goals) and are specific to the dimensions of performance identified to improve and/or extend practice.

1. _____

2. _____

3. _____

In order to add "value" to the assessment, teachers should provide objective information as a measure of their performance. Data might include (but is not limited to) the following:

- | | | |
|---|---|---|
| <ul style="list-style-type: none">▪ Action research results▪ Mentor observation▪ Parent communication | <ul style="list-style-type: none">▪ Record of professional activity (especially in the content area)▪ Record of commitment to growth in the faith▪ RTI planning/activity/IEP meetings | <ul style="list-style-type: none">▪ Reports from administrators▪ Student achievement data▪ Personal reflection▪ Efforts to forward school improvement plan |
|---|---|---|

Selected data are submitted as evidence that the goals were accomplished; beginning educators should provide at least 2 data sources for each goal.

- I agree with the identified goals, affirm that the goals meet targeted needs, and agree that the goals permit viable opportunities for assessment.
- I do not agree with the identified goals; I cannot affirm that the goals meet targeted needs, and do not agree that the goals permit viable opportunities for assessment. Please resubmit the goals.
- I recommend that a goal be written to address:

Principal (or Designee) Signature **Date**

Teacher Signature **Date**

BEGINNING EDUCATOR SUMMARY 2011-2012 (FOR SCHOOLS OFFICE)

Comment [PC1]:

EDUCATOR NAME: (please print) _____

SCHOOL: _____ CITY _____

Date of Fall goal setting meeting: ____/____/____

Summary of end-of-first Quarter meeting: _____

Summary of end-of-first Semester meeting: _____

Date(s) of informal observation: (walk-through, invitation, impromptu, etc.)

Date(s) of formal observation _____

Date of final meeting and summary: ____/____/____ _____

Documents teacher submitted: (DO NOT INCLUDE; PLEASE LIST)

| | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

I verify that the annual goals have been completed/ appropriate evidence submitted.

Principal (or Designee) Initials _____ Date _____

I cannot verify that the annual goals have been completed and/or appropriate evidence submitted.

Principal (or Designee) Initials _____ Date _____

Educator Signature: _____

Date

Principal (or Designee) Signature: _____

Date