

## The Veteran Educator Goals 2011-2012 (Principal and Educator Copy)

**Educator Name:** (please print) \_\_\_\_\_

**School:** \_\_\_\_\_

CITY

Highly qualified educators must:

<ul style="list-style-type: none"><li>• Continue to learn</li><li>• Continue to improve their own practice</li><li>• Continue to reflect on their practice</li></ul>	<ul style="list-style-type: none"><li>• Share their knowledge of the craft</li><li>• Work together in collegiality</li><li>• Assume leadership responsibilities</li></ul>
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Describe your goals for this school year. The goals support the all-school goals (and/or department/team goals) and target areas of performance identified to extend and/or enhance 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"><li>▪ Action research results</li><li>▪ Student surveys</li><li>▪ Parent surveys</li><li>▪ Parent communication</li></ul>	<ul style="list-style-type: none"><li>▪ Record of professional activity (especially in the content area)</li><li>▪ Record of commitment to growth in the faith</li><li>▪ RTI planning/activity/IEP meetings</li><li>▪ Efforts to forward school improvement plan</li></ul>	<ul style="list-style-type: none"><li>▪ Reports from administrators</li><li>▪ Student achievement data</li><li>▪ Personal reflection</li></ul>
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Selected data are submitted as evidence that the goals were accomplished. Veteran educators should provide at least 3 data sources – minimum of one for each described 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

**VETERAN EDUCATOR SUMMARY 2011- 2012 (FOR SCHOOLS OFFICE)**

**EDUCATOR NAME: (please print)** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

CITY

**Date of Fall goal-setting meeting:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Summary of Meeting 2:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Summary of Meeting 3: (if necessary)** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

**Date(s) of formal observation:** (optional) \_\_\_\_\_

**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 Signature:** \_\_\_\_\_

Date