

Standard 7: SMART Goal Setting Form *GUIDE*

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject/Grade or Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year: \_\_\_\_ -\_\_\_\_

Directions: This form is a tool to assist teachers in setting a SMART goal that results in measurable learner progress. NOTE: When applicable, learner achievement/progress should be the focus of the goal. Enter information electronically into the cells (the boxes will expand to fit the text).

*Initial Goal Submission (due by \_\_\_\_\_\_\_\_\_\_\_\_\_ to the evaluator)*

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|  | *Teacher* | *Educational Specialist* |
| *I. Setting (Describe the population and special learning circumstances.)* | *Characteristics of teacher’s students* * *% special education*
* *% ELL*
* *# performing above and below grade level*
* *# of students*
 | *Characteristics of the educational specialists work situation* |
| *II. Content/Subject/Field Area (The area/topic addressed based on learner achievement, data analysis, or observational data.)* | *Identify subject area objectives based on student achievement data* | *Identify program area and objectives based on program achievement data* |
| *III. Baseline Data (What is shown by the current data?)* | *[ ]  Data attached* | *[ ]  Data attached* |
| *IV. SMART Goal (Describe what you want learners/program to accomplish.)* | *In 2012-13 school year, \_\_\_ (a majority or quantify with a percentage) of my students will meet \_\_\_ (benchmark) in \_\_\_ (content area). Additionally, all students will make acceptable measureable progress.*  | *In 2012-13 school year, \_\_\_\_ (a majority or percentage) of my program will meet \_\_ \_\_\_\_ (benchmark) in \_\_\_ (program area).* |
| *V. Means for Attaining Goal (Strategies used to accomplish the goal)* |
| Instructional Strategy | Evidence | Target Date |
|  |  |  |
|  |  |  |
|  |  |  |

Teacher’s -Signature: Date:

Evaluator’s Signature: Date:

Print or Type Evaluator’s Name:

[ ]  Principal forwards one copy to the Professional Development Office

*End of Year Teacher Reflection [ ]  Data attached*

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Teacher’s Signature: Date:

Evaluator’s Signature: Date:

Print or Type Evaluator’s Name: