**Principal & District Certified Staff Student Growth Goal**

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| **Name** |  |
| **□ Principal □ Assistant Principal □ Curriculum Specialist □ RR Teacher Leader □ School Psychologist □ Assistant Superintendent □ Instructional Supervisor □ Chief Information Officer** **□ Director of Student Services □ Director of Special Ed □ Gifted & Talented Resource Teacher** |
| **Supervisor** |  |
| **School Year** |  | **School (if applicable)** |  |

**Growth should be stated in terms of STUDENT growth for roles in which it is appropriate to do so. For any District Certified Staff who are not working directly with students, the goal may be written in terms of other school or district statistics. A minimum of one growth goal is required, however, you may have more than one goal if you choose.**

**Student Growth**

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| **Student Growth Goal Statement** (*Based on local data that can be concluded by mid-April)* |
| **Student Growth Plan***This plan will outline what the* ***principal/district certified staff*** *will do to impact the student growth goal.* *(Should be different than the school CSIP plan strategies/actions)* |
| **Strategies/Actions** What strategies/actions will I need to do in order to assist my school/district in reaching the goal?How will I accomplish my goal? | **Resources/Support**What resources will I need to complete my plan?What support will I need? | **Targeted Completion Date**When will I complete each identified strategy/action? |
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| **Principal/District Certified Staff Signature:** | **Date:** |
| **Supervisor’s Signature:** | **Date:** |

**2) On-going Reflection:** Complete this section at mid-year to identify progress toward the Student Growth Goal. Describe goal progress and other relevant data.

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| **Status of Student Growth Goal** | **Revisions/Modifications of Strategies or Action Plans** |
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| **Principal/District Certified Staff Signature:** | **Date:** |
| **Supervisor’s Signature:** | **Date:** |

**3) Summative Reflection:** *Complete this section at the end of the year to describe the level of attainment for Student Growth Goal*

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| **Date:** | **End of Year Student Growth Reflection:** |
| **End-of-Year Data Results** (Accomplishments at the end of year.) | [ ]  Data attached |

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| **Next Steps:** |
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| **Principal/District Certified Staff Signature:** | **Date:** |
| **Supervisor’s Signature:** | **Date:** |