**Principal Working Conditions Goal**

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| **Principal/AP** |  |
| **Supervisor** |  |
| **School** |  |

**Part C: Principal’s Working Conditions Survey Goal**

**Target Question(s) from the state-required working conditions survey results:**

Following a review of the state-required working conditions survey results, the principal, in collaboration with the superintendent, will identify questions that signify areas of growth that the principal can address that will impact school culture and ultimately student success.

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**Target Performance Standard:**

The principal will connect the Target Questions to the appropriate Performance Standard, which becomes the Target Performance Standard for the Working Conditions Growth Goal.

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**Working Conditions Growth Goal Statement:**

The Working Conditions Growth Goal statement should be specific to the principal and should identify the specific growth that the principal plans to accomplish in the 2-year cycle of the state-required working conditions survey.

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| **Working Conditions Goal Action Plan** |
| **Working Conditions**What do I want to change about my leadership or role that will effectively impact working conditions in my school and their impact on student learning? | **Strategies/Actions** What will I need to do in order to impact the target standard and target question(s)?How will I apply what I have learned?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’s Signature:** | **Date:** |
| **Supervisor’s Signature:** | **Date:** |

**2) On-going Reflection:** Complete this section in the year between the state-required working conditions survey to identify progress towards the Working Conditions Goal. Administer a mini-survey, then describe goal progress and other relevant data.

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| **Status of Working Conditions Goal** | **Revisions/Modifications of Strategies or Action Plans** |
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| **Principal’s 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 each Professional Growth Goal*

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| **End of Year Working Conditions Growth Reflection:** |
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| **Next Steps:** |
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| **Principal’s Signature:** | **Date:** |
| **Supervisor’s Signature:** | **Date:** |