**Goal Setting and Educator Plan Development (Professional Practice Goal)**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AUTHOR: Self-Evaluation

SCHOOL: Lowell High School DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SHARE:  ON / OFF

This form should be initiated by the Educator and shared with the Evaluator for approval.

Primary Evaluator:

Supervising Evaluator:

**S.M.A.R.T. GOAL AND EDUCATOR PLAN**

**S: Specific and Strategic**

What is your specific, targeted goal?

**M: Measurable**

How will you know you have achieved your goal?

**A: Action-Oriented**

What actions/steps will you take to achieve your goal?

**R: Rigorous, Realistic, Results-Focused, and Resources**

What supports are available to help you achieve your goal?

**T: Timed and Tracked**

What is your timeline, including progress monitoring for each action step(s)?

**Tracking**

What evidence do you have to support your action step(s)?

**Educator Plan:**

\_\_\_\_\_ Self-directed Growth Plan (2 year)

\_\_\_\_\_ Self-directed Growth Plan (1 year)

\_\_\_\_\_ Directed Growth Plan

\_\_\_\_\_ Developing Educator Plan

\_\_\_\_\_ Improvement Plan

\_\_\_\_\_ Approved

\_\_\_\_\_ Approved with revisions (attached)

Evaluator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educator Response (if any)

Evaluator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_