

ADMINISTRATOR GOAL DOCUMENT (Optional)

Administrator's Name: _____ Date: _____

Building: _____ Grade Levels: _____

ANNUAL OBJECTIVE(S): Directly related to district or building level school-improvement (SI) goals

BEST-PRACTICE STRATEGIES: Specific best-practice leadership strategies to support objective(s) listed above

LEARNING ACTIVITIES: Specific staff/student/self activities to support objective(s) listed above

SPECIFIC GROWTH TARGET(S) FOR THIS EVALUATION: The data points that would show desired growth related to the objective(s)

MEASUREMENT TOOLS: How the objective will be measured (Please use the list under Domain #4 Achievement Data on the Appraisal Report.)

EVIDENCE (DATA) THAT SUPPORTS ATTAINMENT OF OBJECTIVE(S): Actual student/staff/self data points from measurement tool(s)

ASSISTANCE/RESOURCES THAT WOULD PROMOTE ACHIEVEMENT IN THESE OBJECTIVE(S):

ACHIEVEMENT OF OBJECTIVE(S): Please reflect upon your student/staff/self-achievement outcome(s) and explain.

Signature of Administrator _____ Date _____