

# Phase 2: Goal Setting and Educator Plan Form



(To be completed by Educator and Evaluator at Goal Setting Conference)

Educator—Name/Title: \_\_\_\_\_

Primary Evaluator—Name/Title: \_\_\_\_\_

School(s): \_\_\_\_\_

Check all that apply<sup>1</sup>:     Proposed Goals     Final Goals    Date: \_\_\_\_\_

A minimum of one student learning goal and one professional practice goal are required. **Team goals must be considered** per [603 CMR 35.06\(3\)\(b\)](#). Attach pages as needed for additional goals or revisions made to proposed goals during the development of the Educator Plan.

<b>Student Learning S.M.A.R.T. Goal</b> <i>Check whether goal is individual or team;                      write team name if applicable.</i>	<b>Professional Practice S.M.A.R.T. Goal</b> <i>Check whether goal is individual or team;                      write team name if applicable.</i>
<input type="checkbox"/> Individual <input type="checkbox"/> Team:	<input type="checkbox"/> Individual <input type="checkbox"/> Team:

**S.M.A.R.T.:** S=Specific and Strategic; M=Measurable; A=Action Oriented;  
 R=Rigorous, Realistic, and Results-Focused; T=Timed and Tracked.

<sup>1</sup> If proposed goals change during Plan Development, edits may be recorded directly on original sheet or revised goal may be recorded on a new sheet. If proposed goals are approved as written, a separate sheet is not required.

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Goal Setting Form with final goals is attached to the Educator Plan.

<b>Student Learning Goal(s): Planned Activities</b> <i>Describe actions the educator will take to attain the student learning goal(s).                      Activities may apply to individual and/or team. Attach additional pages as needed.</i>		
Action	Supports/Resources from School/District <sup>1</sup>	Timeline or Frequency

Some activities may apply to the pursuit of multiple goals or types of goals (student learning or professional practice). Attach additional pages as necessary.

Is this a team goal? \_\_\_\_\_

If "Yes," Please List Team Members below:


\*Additional detail may be attached if needed.

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<b>Professional Practice Goal(s): Planned Activities</b> <i>Describe actions the educator will take to attain the professional practice goal(s).                      Activities may apply to individual and/or team. Attach additional pages as needed.</i>		
Action	Supports/Resources from School/District <sup>2</sup>	Timeline or Frequency

Is this a team goal? \_\_\_\_\_

If "Yes," Please List Team Members below:

_____	_____
_____	_____
_____	_____

<sup>2</sup> Must identify means for educator to receive feedback for improvement per [603 CMR 35.06\(3\)\(d\)](#).

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**This Educator Plan is “designed to provide educators with feedback for improvement, professional growth, and leadership,” is “aligned to statewide Standards and Indicators in 603 CMR 35.00 and local Performance Standards,” and “is consistent with district and school goals.”** (see [603 CMR 35.06 \(3\)\(d\)](#) and [603 CMR 35.06\(3\)\(f\).](#))

Signature of Evaluator \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Educator\* \_\_\_\_\_ Date: \_\_\_\_\_

\* As the evaluator retains final authority over goals to be included in an educator’s plan (see [603 CMR 35.06\(3\)\(c\)](#)), the signature of the educator indicates that he or she has received the Goal Setting Form with the “Final Goal” box checked, indicating the evaluator’s approval of the goals. The educator’s signature does not necessarily denote agreement with the goals. Regardless of agreement with the final goals, signature indicates recognition that “It is the educator’s responsibility to attain the goals in the plan and to participate in any trainings and professional development provided through the state, district, or other providers in accordance with the Educator Plan.” (see [603 CMR 35.06\(4\)](#))