

## Educator/Administrator Plan & Goal Setting Form

Educator/Administrator—Name/Title: \_\_\_\_\_

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

Supervising Evaluator, if any—Name/Title/Role in evaluation:  
\_\_\_\_\_

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

Evaluation Plan:       Self-Directed Growth Plan       Directed Growth Plan  
                                   Developing Educator Plan       Improvement Plan\*

Plan Duration:       Two-Year       One-Year       Less than a year \_\_\_\_\_

Start Date: \_\_\_\_\_      End Date: \_\_\_\_\_

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

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

**Evaluation Form is attached.**

This form helps educators and evaluators assess performance based on the Massachusetts DESE rubrics. Evaluate performance only in those categories considered appropriate to the evaluation.

**Evidence Log—Evidence Supplied by Educator (SBE) or Requested by Evaluator (RBE); additional sheets or files may be attached.**

Date	Evidence Supplied or Requested	Signature

**Attach additional sheets as necessary.**

### Student Learning Goal(s): Planned Activities

*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.*

GOAL:

Individual Goal     Team Goal (members: \_\_\_\_\_ )

Action	Supports/Resources from School/District <sup>1</sup>	Timeline or Frequency

\*Additional detail may be attached if needed.

Commentary: Progress on Student Learning and Professional Practice Goals; Please sign and date all entries.

## Professional Practice Goal(s): Planned Activities

*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.*

GOAL:

Individual Goal     Team Goal (members: \_\_\_\_\_ )

Action	Supports/Resources from School/District <sup>1</sup>	Timeline or Frequency

---

<sup>1</sup> Must identify means for educator to receive feedback for improvement per [603 CMR 35.06\(3\)\(d\)](#).

### District Goal(s): Planned Activities\*(optional)

*Describe actions the educator will take to attain the district goal(s).  
Activities may apply to individual and/or team. Attach additional pages as needed.*

GOAL:

Individual Goal     Team Goal (members: \_\_\_\_\_ )

Action	Supports/Resources from School/District <sup>2</sup>	Timeline or Frequency

**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\(4\)](#))

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