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| **Leader Name:** |  | **Title:** |  |
| **Supervisor Name:** |  | **Title:** |  |
| **School/Location:** |  | **Date:** |  |

Professional goals should be established collaboratively between leader and supervisor. Three goals should be developed:

* The first goal should align with identified **district priorities.**
* The second goal should align with identified b**uilding / program priorities**.
* The third goal should be a **personal professional goal**, likely based on the results of the self-assessment.

This tool is to be used to document the goal(s) as well as to develop an action plan to support effective focus and strategies for goal attainment.

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| **District Aligned Goal**  |
| **Goal Statement #1**How can I help SCSD reach our district goals? |  |
| **Rationale for Goal**Why was this goal set? What evidence sources did you use to establish the need for this goal? (Examples of sources include but are not limited to: self-assessment results, system priorities, school improvement plan, student achievement data, survey data, etc.) |  |
| **SCSD LEAD & LEARN Domains to which the goal relates:** Check one or more, as applicable |  | IL1 |  | IL2 |  | IL3 |  | IL4 |  | IL5 |
|  | OL1 |  | OL2 |  | OL3 |  | OL4 |  | OL5 |
| Action Plan |
| **Strategies/Actions** What needs to happen to meet this 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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| **Building / Program Aligned Goal**  |
| **Goal Statement #1**How can I help my school / program reach our goals? |  |
| **Rationale for Goal**Why was this goal set? What evidence sources did you use to establish the need for this goal? (Examples of sources include but are not limited to: self-assessment results, system priorities, school improvement plan, student achievement data, survey data, etc.) |  |
| **SCSD LEAD & LEARN Domains to which the goal relates:** Check one or more, as applicable |  | IL1 |  | IL2 |  | IL3 |  | IL4 |  | IL5 |
|  | OL1 |  | OL2 |  | OL3 |  | OL4 |  | OL5 |
| Action Plan |
| **Strategies/Actions** What needs to happen to meet this 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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| **Personal Professional Goal**  |
| **Goal Statement #1**What do I want to change about my practices that will effectively impact student learning? |  |
| **Rationale for Goal**Why was this goal set? What evidence sources did you use to establish the need for this goal? (Examples of sources include but are not limited to: self-assessment results, system priorities, school improvement plan, student achievement data, survey data, etc.) |  |
| **SCSD LEAD & LEARN Domains to which the goal relates:** Check one or more, as applicable |  | IL1 |  | IL2 |  | IL3 |  | IL4 |  | IL5 |
|  | OL1 |  | OL2 |  | OL3 |  | OL4 |  | OL5 |
| Action Plan |
| **Professional Learning**What do I want to change about my leadership or role that will effectively impact student learning?What is my personal learning necessary to make that change? | **Strategies/Actions** What will I need to do in order to learn my identified skill or content?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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| Leader’s name: |
| Leader’s signature: | Date: |
| Supervisor’s name: |
| Supervisor’s Signature | Date: |

During the Pilot Year, a printed and signed copy of this form should be submitted to the Office of Human Resources with a Copy to the Appropriate Assistant Superintendent. A pdf scanned copy can be emailed to humanresources@scsd.us

In 2017-18 this form will be created in Truenorthlogic.