

Progress Toward Achieving Goals (Optional)

Name: _____ District: _____

School: _____ School Year: _____

Evaluator: _____ Title _____

The evaluator determines whether the teacher is making acceptable progress toward goal(s) attainment within each standard. Mark this category as **(P) – progressing** or **(NP) – not progressing**.

Goal	P	NP	NA*
Standard I: Teachers Demonstrate Leadership			
Standard II: Teachers Establish a Respectful Environment for a Diverse Population of Students			
Standard III: Teachers Know the Content They Teach			
Standard IV: Teachers Facilitate Learning for Their Students			
Standard V: Teachers Reflect on Their Practice			

Goal:

Revised Plan/Comment:

Goal:

Revised Plan/Comment

Goal:

Revised Plan/Comment

Teacher Signature _____ Date _____

Evaluator Signature _____ Date _____