

## Appendix F-Student Growth Multiplier (SGM) Form

**CCCUSD#1 - Student Growth using District Multiplier**

Type II Assessment       Type III Assessment

### Part A - General Information

Educator Name:	Course/Subject/Grade Level:	
Evaluator Name and Title:	School Year:	
Baseline Assessment Title and Date:	Estimated Date for Unit of Instruction:	Date Declaration Form was Completed:

### Part B - Beginning Unit of Instruction

Beginning Date for Unit of Instruction:	Contact Evaluator to set date to email Midpoint Check-In Questions:
Target Date for end of Summative Assessment:	

### Part C - Midpoint Check-In

Complete Midpoint Check in Questions <u>Appendix I</u> and email a copy to evaluator. Optional: Request a date for a face-to-face meeting:		
Midpoint Date and Sign-Off	Teacher:  Date:	Evaluator:  Date:

### Part D - Summative Assessment

Summative Assessment Title:	Date Given:
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### Part E - Growth Targets

<input type="checkbox"/>	Attach students' baseline data with district multiplier	
<input type="checkbox"/>	Student(s) exempt due to: *Attendance (<90%)   *Change in teacher assignment *Other: (Discussion with evaluator)	
<input type="checkbox"/>	Attach students' summative data.	
<input type="checkbox"/>	Document the number or percentage of students who achieved their identified growth targets.	
<input type="checkbox"/>	Provide rationale about the actual outcomes.	

### Part F - Teacher Rating for Student Growth Assessment

**Required for Evaluator:** Designate below how the number or percentage of students who met their identified growth targets translates into an appropriate teacher rating.

<input type="checkbox"/> Excellent	<input type="checkbox"/> Proficient	<input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Unsatisfactory
90% - 100% of students met the indicated growth target(s).	70% - 89% of students met the indicated growth target(s).	60% - 69% of students met the indicated growth target(s).	Less than 60% of students met the indicated growth target(s). Failure to meet other assessment requirements or deadlines.
Evaluator Signature:		Date:	
Teacher Signature:		Date:	