

**Bonsall Unified School District
Alternative Evaluation Project**

Teacher's Name _____ Grade Level _____ School _____ Date _____ Evaluating Administrator _____

California Standard for the Teaching Profession focus area:

Explanation of your project and goals to ensure your current students will gain a minimum of a year's academic growth (ex. I-Ready growth data, Benchmarks, etc.) in your class this year:

Approval Signature: _____ Date: _____

Goals	Strategies/Resources	Measurable Outcomes	Timeline	Evidence of Progress
1.				
2.				

Attach your reflective summary, along with evidence to this document, thirty (30) days prior to the end of the school year.

End of the year meeting where summary is shared.

Teacher's Signature: _____ Date: _____ Administrator's Signature: _____ Date: _____