



Annual Certificated Goals Form

Employee:			<input type="checkbox"/> Goals Only	<input type="checkbox"/> Goals and Observation
Site:		<input type="checkbox"/>	Permanent	
Assignment:		<input type="checkbox"/>	Temporary	
Administrator:		<input type="checkbox"/>	Probationary 1 st year	
Date:		<input type="checkbox"/>	Probationary 2 nd year	

Timeline: Meeting to occur within the first 17 days of instruction

Standards of Evaluation:

- Teachers shall select 2 elements within any standard (1-6)*
- The district/site will annually select 2 elements from any standard (1-6)

**elements cannot be the same as the district.*

Classroom Teacher (suggest standards 1-3)

1. Engaging and Supporting All Students in Learning
2. Creating and Maintaining Effective Environments for Student Learning
3. Understanding and Organizing Subject Matter for Student Learning

District/Site (suggest standards 4-6)

4. Planning Instruction and Designing Learning Experiences for Student Learning
5. Assessing Students for Learning
6. Developing as a Professional Educator

Teacher selected elements: _____ & _____

District/site selected elements: _____ & _____

Preferred time(s) for observations: _____

Eligible for Alternative Evaluation? (5+ years teaching in BUSD & Satisfactory evaluations) Yes No

I am interested in an Alternative Evaluation option.

My plan to discuss this option will be:

- During my pre-evaluation meeting
- At a time we can schedule later (by _____)

We met to discuss the goals and evaluation plan on _____.

Certificated Employee Signature

Date

Administrator Signature

Date