

Appendix A
Dover-Sherborn Public Schools
Self-assessment &
Goal Setting/Review Form

- Developing Educator Plan
- 2-Year Self-Directed Plan –Yr 1
- 2-Year Self-Directed Plan –Yr 2
- 1-Year Self-Directed Plan
- Directed Growth Plan
- Improvement Plan

Educator Name/Title: _____

Evaluator Name/Title: _____

School(s): _____ Academic Year: _____

Analysis of Evidence of Student Learning, Growth, and Achievement

Briefly summarize areas of strength and high-priority concerns for students under your responsibility for the upcoming school year. Support with evidence such as results from assessments.

Proposed Student Learning SMART Goals

Check whether goal is an individual or team/department goal; write team/department name if applicable. Attach additional pages as needed.

Individual Links to Category/Categories _____

Team/Department Name: _____

Goal Statement

Actions

Benchmarks



Proposed Professional Practice SMART Goals

Check whether goal is an individual or team/department goal; write team/department name if applicable. Attach additional pages as needed.

Individual Links to Category/Categories _____

Team/Department Name: _____

Goal Statement

Actions

Benchmarks



Signature of Educator: _____ Date: _____

Signature of Evaluator: _____ Date: _____

Signature of Dept. Chair (if applicable): _____ Date: _____

The signature of the educator means only that he/she has read this document. The educator may attach a written statement of his/her own provided he/she does so within five working days.