**Student Growth Goal**

**Focused Evaluation**

**Criteria: SG 3.1, SG 3.2**

**Team/Teacher:** Click here to enter text. **School:** Click here to enter text. **Date:** Click here to enter text.

**SG 3.1 Establish Sub-Group Growth Goals**

**Class:**

Click here to enter text.

**Learning Goal:**

Click here to enter text.

**Content Standards Associated with the Learning Goal:**

Click here to enter text.

**Interval of Instruction Time:**

Click here to enter text.

**Describe Student Growth Measure 1:**

Click here to enter text.

**Describe Student Growth Measure 2:**

Click here to enter text.

**Describe Any Additional Measures of Student Growth (optional):**

Click here to enter text.

**Timing Intervals for Assessments, and Rationale:**

Click here to enter text.

**Expected Gain or Growth:**

Click here to enter text.

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Teacher Signature Evaluator Signature

**Notes:**

Click here to enter text.

**Complete at Mid-Year Inquiry Cycle Check-In (Optional)**

**Mid-Year Progress:**

(Purpose: Calibrate and review measures of student growth and identify any supports needed.)

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Teacher Signature Date Evaluator Signature Date

**Notes:**

Click here to enter text.

**Complete for Year-End Evaluation.**

**SG 3.2 Achievement of Whole Classroom Growth Goals**

|  |  |
| --- | --- |
| Level of actual student outcomes based on the goals for student learning for the whole class | **☐** High level of learning for all/nearly all students (Distinguished)  **☐** Clear level of learning for most students (Proficient)  **☐** Some evidence of learning for some students (Basic)  **☐** No evidence of learning for most students (Unsatisfactory) |
| Please provide student learning evidence from at least two points in time that supports your claim of student learning (2 or more sources):  Click here to enter text.  Click here to enter text. | |
| Click here to enter text. | |