

Research and Development

ADEPT Goals-Based Evaluation

Teacher's Name: Fred G Sanford Grade(s)/subject(s): 9-12 ELA/Math/Sci
District: Charleston County School: kidsRgreat High
Dates of GBE cycle: from 2010-2011 to 2009, 2010, 2011, etc.
(current year) (expiration date of current certificate)

PROFESSIONAL GROWTH AND DEVELOPMENT PLAN

- ♦ **Goal:** I will increase student achievement in my classroom by increasing the use of technology in class.

Goals *must* address the following:

- ☒ Aligned with one or more of the ADEPT Performance Standards (APSs).
- ☒ Stated in terms of change or improvement over time.

Check all others that apply:

- ☐ Stated in terms of influence on students (at least one goal per goal cycle).
- ☐ Reflects the district strategic plan and/or the school renewal plan (at least one goal per cycle).
- ☐ Addresses performance weaknesses (**if performance weaknesses have been identified).

- ♦ **Duration of goal:**

Anticipated beginning date (school year): 2008 Anticipated completion date (school year): 2010

- ♦ **Strategies for meeting the goal and evidence.**

Strategies (how the goal will be accomplished)	Evidence (required to verify annual progress/ overall goal achievement)	Date Completed
Take Smart Board class- 12 hours	Certificate of Completion	4/11
Take Advanced Smart Board Class- 45 hours- Summer 2010	Certificate of Completion/ portfolio	7/10
Find and design Smart Board lessons with other teachers	Lessons found on shared drive	11/10
Implement two new smart board activities per 9-weeks during 10-11 year. Increase to 3 new smart board activities per 9-weeks during the 10-11 year.	Lesson Plans	4/11

- ♦ **Level of performance** required to determine satisfactory progress/goal accomplishment:
Complete the following by end of 2010-2011 school year: Complete first Smart board class, Documentation of collaboration , Documentation of 2 new smartboard activities per quarter

- ♦ **Certificate renewal:**

Activities related to this goal

- ☐ may apply toward this educator's certificate renewal *if* approved by the district.
- ☐ may not apply toward this educator's certificate renewal.

The above plan was jointly prepared and agreed upon by the following individuals:

Educator: _____ Date: _____

Supervisor: _____ Date: _____

FINAL GBE REVIEW

- ♦ **Evaluation summary:** (to be completed by the supervisor on the basis of the evidence presented by the educator)

- ☐ The educator has *met* the above goal.
☐ The educator is making *satisfactory progress* toward achieving this goal.
☐ The educator is *not* making satisfactory progress toward achieving this goal.
☐ Other/comments:

- ♦ **Overall recommendation:** (to be completed by the supervisor with input from the educator)

- ☐ *Continue* the above goal.
☐ Develop/pursue a *new* goal because
 ☐ the above goal has been met.
 ☐ the above goal is no longer appropriate for this educator.
 ☐ one or more new priorities have been established for this educator.
☐ Other/comments:

The signatures below verify that the educator has received a written and oral explanation of the above evaluation summary and recommendations.

Educator: _____

Date: _____

Supervisor: _____

Date: _____

Complete this section at the end of the year review:

Evaluation Level for 2009-2010 school year:

- ☐ Formal Evaluation
☐ Goals Based Evaluation