

Intent: For those teachers on "alternative formal," this form describes the project.

Sunnyvale School District
Alternative Evaluation Plan
Goal Form

Name: _____
(Employee)

Date: _____

I. Goal-Setting (please check the Teacher Performance Standard(s) your project will focus on)

- 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
- 4. _____ Planning Instruction and Designing Learning Experiences For All Students
- 5. _____ Assessing Students for Learning
- 6. _____ Developing as A Professional Educator

II. Alternative Evaluation Option (please check one)

- A. _____ Individual growth activity
- B. _____ Educational team growth activity
- C. _____ Education research

III. Briefly describe your project including how it will enhance student learning and any other expected outcomes. Also include a description of how you will know your project is completed. (Attach additional page if necessary)

IV. Timeline for completion of project. Note: Multi-year projects will be evaluated at the end of each school year in which the teacher is on Alternative Evaluation. All projects are evaluated no later than 30 days prior to the last working day of the school year.

Must be completed by: _____ (date)

Progress review schedule tentatively scheduled for:

Date: _____

Date: _____

Date: _____

Date: _____

V. (Optional) Describe the administrative support necessary for completion of your project.

Teacher: _____

Date: _____

Principal: _____

Date: _____

Note: All participants in the alternative evaluation option will be encouraged to share the progress and results of their alternative individual or educational team activities with colleagues.