Goal Setting Form

Massachusetts Department of ELEMENTARY & SECONDARY EDUCATION

Educator—Name/Title: _____

Primary Evaluator—Name/Title: _____

Supervising Evaluator, if any—Name/Title/Role in evaluation:

_____

School(s): _____

Check all that apply[1]: ☐ Proposed Goals ☐ Final Goals Date: _____

A minimum of one student learning goal and one professional practice goal are required. **Team goals must be considered** per 603 CMR 35.06(3)(b). Attach pages as needed for additional goals or revisions made to proposed goals during the development of the Educator Plan.

Student Learning S.M.A.R.T. Goal *Check whether goal is individual or team; write team name if applicable.*	**Professional Practice S.M.A.R.T. Goal** *Check whether goal is individual or team; write team name if applicable.*
☐ Individual ☐ Team:	☐ Individual ☐ Team:

S.M.A.R.T.: S=Specific and Strategic; M=Measurable; A=Action Oriented; R=Rigorous, Realistic, and Results-Focused; T=Timed and Tracked

[1] If proposed goals change during Plan Development, edits may be recorded directly on original sheet or revised goal may be recorded on a new sheet. If proposed goals are approved as written, a separate sheet is not required.