

Tulsa Model Goal Setting Form

Teacher: _____ Date: _____

Evaluator: _____ School: _____

Instructions: This form is to be completed **collaboratively** by the teacher and evaluator to address any Tulsa Model Indicators in need of development. It may be used after any observation or, with regard to an evaluation, **in lieu of a PDP** when a **teacher receives a 2-Needs Improvement on no more than two Indicators and no ratings of 1-Ineffective**. Local district policies may limit or control the use of this form.

Indicator(s) Addressed <small>(No more than two per goal form—only one “active” goal form at one time.)</small>	
Reason for Goal Setting Form	
Goal Statements by Identified Indicators—the Intended Outcomes <small>(To be developed collaboratively by teacher and evaluator.)</small>	
Teacher Resources and Supports for Accomplishing Goals <small>(At least one must be chosen by teacher and evaluator in collaboration.)</small>	<input type="checkbox"/> Use of specified Tulsa Model Portal videos, Teaching Channel Videos, or other video resources <input type="checkbox"/> Web-based resources (Please Specify) <input type="checkbox"/> Print resources (Please Specify) <input type="checkbox"/> Mentoring or coaching resources (Please Specify) <input type="checkbox"/> District professional development resources (Please Specify) <input type="checkbox"/> Other Teacher and Evaluator Approved Opportunity (Please Specify)
Evidence that will Demonstrate Success in Reaching Goal <small>(At least one must be chosen by teacher and evaluator in collaboration.)</small>	<input type="checkbox"/> Follow-Up Observation by Evaluator <input type="checkbox"/> Completion of Resource Reflection <input type="checkbox"/> Other Teacher and Evaluator Approved Evidence (Please Specify)
Expected Date to Review Evidence <small>(The review date must not be more than 20 days from the start date of the goal form. Follow-Up Conference Must Occur within 5 days of the review date.)</small>	

Teacher Signature: _____ Date: _____

Evaluator Signature: _____ Date: _____



Teacher Goal Post-Conference Documentation

(Must be completed within 5 days of Review Date)

Teacher: _____ Date: _____

Evaluator: _____ School: _____

Please Select One of the Following:

- Teacher has completed all goal related activities with evidence provided/obtained. Goal(s) have been successfully achieved.
- Teacher had completed all or some of the goal related activities with at least partial evidence provided/obtained. One or more of the established goals has not been entirely achieved. A new or continuing goal form will be established.
- Teacher has not completed goal related activities and/or evidence has not been provided/obtained. A new/continuing goal form (or PDP if appropriate) will be established.

Please provide any additional/relevant information pertaining to the completion or non-completion of goal(s) and related activities:

Teacher Signature: _____ Date: _____

Evaluator Signature: _____ Date: _____