**Teacher: Sarah Smith School:**

**Area(s) of Certification: Guidance Certification Expiration Date: 2015**

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| **District Goal:** | The goal of the Epping School District is to implement the Epping School District Model *21st Century Student Outcomes for College, Career and Life Ready Students.* |
| **Team SMART Goal:** | Increase student attendance from \_\_\_\_ to \_\_\_\_\_ by implementing the new district attendance guidelines as measured by daily attendance records. |
| **Teacher SMART Goal:** | Develop a family resource guide to support student learning as measured by daily attendance records. |

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| **Steps/Strategies for Team Goal** | **Evidence** | **Timeline** |
| 1. Analyze student attendance records and monitor student attendance. | Attendance records  Student groupings by 1-10 days, 11-20 days, and more than 20 days | School year |
| 1. Implement district guidelines. | Parent contacts  Parent meetings & plans | School year |
| 1. Report successes and challenges and recommend changes. | Student and parent feedback  Attendance data  Revised guidelines | December 2014  March 2015 |

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| **Steps/Strategies for Teacher Goal** | **Evidence** | **Timeline** |
| 1. Review school resources. | Resources | School year |
| 1. Work with colleagues, other schools, school resource officer, and the community to determine needs. | Needs assessment  Available resources | School year |
| 1. Develop document explaining the relationship between attendance and student learning and communicating available resources. | Document | School year |
| 1. Obtain feedback and revise document as needed. | Revised document | School year |

**SMART GOALS are:**

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| Specific/Strategic | What do you want to measure? |
| Measurable | How are you going to measure it? |
| Action-Oriented | How will you accomplish the goal? |
| Rigorous, Realistic & Results-Focused | Is this a realistic goal that you can reasonably accomplish? |
| Timed & Tracked | When will you reach your goal? |

**COMMENTS:**

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Teacher’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Team Member’s Name (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Member’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

**Due**: September 30

**Process**: Review student data and decide team goal with team. Review self-assessment and student data and decide teacher goal. Include strategies/steps, evidence, and timeline for completion of goals. Have a team member review and comment on your goal and action plan. Keep a copy for your own records. Make a copy and forward to School Professional Development Coordinator who will provide copy to School Principal.

Recommendation from School Professional Development Team:

\_\_\_\_\_\_\_\_\_\_\_\_ Approved

\_\_\_\_\_\_\_\_\_\_\_\_ Returned with this recommendation

Signature of School PD Coordinator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_