**Paraprofessional: School:**

**Para-educator I or II Certification: Certification Expiration Date:**

|  |  |
| --- | --- |
| **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:** |  |
|  **Paraprofessional SMART Goal:** |  |

|  |  |  |
| --- | --- | --- |
| **Steps/Strategies for Team Goal**  | **Evidence**  | **Timeline** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Steps/Strategies for Paraprofessional Goal**  | **Evidence**  | **Timeline** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**SMART GOALS are:**

|  |  |
| --- | --- |
| 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:**

|  |
| --- |
|  |

Paraprofessional’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 paraprofessional 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 Director of Special Services.

Recommendation from School Professional Development Team:

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

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

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