Name: **Click here to enter text.**

School(s): **Click here to enter text.** Supervisor: **Click here to enter text.**

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| **AWSP Criterion & Student Growth Rubrics on which your evaluation will be based this year:** | |
| **Criterion 1 Creating a Culture**  **Criterion 2 Ensuring School Safety**  **Criterion 3 Planning with Data**  **Criterion 4 Aligning Curriculum**  **Criterion 5 Improving Instruction**  **Criterion 6 Managing Resources**  **Criterion 7 Engaging Communities**  **Criterion 8 Closing the Gap** | **SG 3: Provides evidence of student growth that results from the school improvement planning process.**  **SG 5: Assists staff in developing required student growth plan and identifying valid, reliable sources of evidence of effectiveness.**  **SG 8: Provides evidence of growth in student learning.**  **Refer to the rubrics for more detail.** |

**Record your student growth goals and multiple measures below.**

**SG 3** Student Growth Goal: **Click here to enter text.**

**SG 3** Multiple Measures: **Click here to enter text.**

**SG 5** Student Growth Goal: **Click here to enter text.**

**SG 5** Multiple Measures: **Click here to enter text.**

**SG 8** Student Growth Goal: **Click here to enter text.**

**SG 8** Multiple Measures: **Click here to enter text.**

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| Supervisor Comments:  Click here to enter text. |
| Mid-year Revisions/Additions:  Click here to enter text. |
| Mid-year Supervisor Comments:  Click here to enter text. |

Principal Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **Click here to enter a date.**

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **Click here to enter a date.**