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.**