Name: Click here to enter text.Beginning of the Year Conversation: Click here to enter a date.

School(s): Click here to enter text. Evaluator: Click here to enter text.

Subject(s)/Grade(s)/Specialized Services: Click here to enter text.

Record your student growth goals and multiple measures below.

SG 3.1 Student Growth Goal (subgroup(s)): Click here to enter text.

SG 3.2 Multiple Measures: Click here to enter text.

SG 6.1 Student Growth Goal (whole class): Click here to enter text.

SG 6.2 Multiple Measures: Click here to enter text.

SG 8.1 Team Student Growth Goal: Click here to enter text.

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

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