Appendix 8l-2

### EDMONDS SCHOOL DISTRICT NO. 15

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| **PGAP Planning Worksheet** |

**Employee’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **District Goal #1 Create engaging learning experiences that provide all students the opportunity to acquire the knowledge and skills necessary to experience post-secondary success, meet personal goals, and become productive community members.****District Goal #2 Support a diverse, highly-skilled, professionally involved and fairly compensated staff.****District Goal #3 Expand community support and engagement by increasing the number of parents and community members participating in District decision making and playing a role in student achievement.**District **Goal #4 Maximize resources to support the district’s mission and goals.** |

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| Building/Program Goals:  |

***(You may attach additional pages, if needed, for additional goals.)***

**Goal #1** *(supports building/program goal to improve student achievement)*:

 Specific strategies *(at least one strategy per goal must include collegial collaboration)*:

 Indicators of progress toward goal *(include one piece of evidence measuring impact on students; feedback from students/parents is encouraged)*:

**Goal #2** *(supports building/program or individual content area goal to improve student achievement)*:

 Specific strategies *(at least one strategy per goal must include collegial collaboration)*:

 Indicators of progress toward goal *(include one piece of evidence measuring impact on students; feedback from students/parents is encouraged)*:

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**Goal #3 (optional)**

 Specific strategies:

 Indicators of progress toward goal *(feedback from students/parents is encouraged)*:

Proposed plan for Professional Growth activities:

***I have reviewed the PGAP planning sheet and understand that this will be my evaluative status for the current year.***

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Employee Name (please print) Employee Signature

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Evaluator Name (please print) Evaluator Signature

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Date of Initial Conference

***Make copy for Evaluator file.***

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