# Data Analysis: Goal Setting

Program:_____Classroom:_____Date:_____

**COR Advantage - Review Your Dashboard OR Strengths & Opportunities Report**
**MTS GOLD – Review Your Snapshot Report**
**ASQ-3 – Review Your Screening Scores Report**

| REVIEW | Class Strengths: List the 2 HIGHEST items in your classroom. |
|---|---|
| | Areas to Improve: List the 2 LOWEST items in your classroom. |

| PLAN | Item for Improvement: Which item do you want to focus on? |
|---|---|
| | Scaffolded Score:<br>(What score do you hope your children will reach by your next goal setting?) — Intentional Planning Frequency:<br>(How often will you intentionally plan opportunities for this item?) |

| ANALYZE | Early Learner/<br>Below Expectation/<br>Below Cut Off<br>Name & Score | Middle Learner/<br>Meeting Expectation/<br>Close to Cut Off<br>Name & Score | Later Learner/<br>Exceeding Expectation/<br>Above Cut Off<br>Name & Score |
|---|---|---|---|
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|---|---|
| **ACTION** | Lesson Ideas I Will Use for **ALL** Children: |

| | | |
|---|---|---|
| **ACTION** | Lesson Ideas for Children **in Early Learners/Below Expectations/Below Cut Off**: | Lesson Ideas for Children **in Later Learners/Exceeding Expectations/ Above Cut off**: |

| | |
|---|---|
| **SUPPORT** | Teaching Team Responsibilities: |
| | ECS Responsibilities: |
| | Director Responsibilities: |

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|---|---|
| **%** | Was 75% completion achieved? If not, explain what hindered completion. |

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|---|---|
| **COMMIT** | Teaching Team Signatures: |
| | ECS Signature: |
| | Director Signature: |