

**APPENDIX C-1 - TEACHER EVALUATION – STUDENT GROWTH GOAL
SETTING**

Mansfield School District
Student Growth Report

Teacher Name:	Grade Level/Subject:
Select Criterion:	Subgroup (3) _____ Class (6) _____ Team (8) _____

Goals and timelines:

Assessments to be used:

(Evaluator’s signature indicates approval of the above plan) _____
Evaluator Date

Results:

Reflection:

Teacher Date Evaluator Date