

CENTRAL UNIFIED SCHOOL DISTRICT

Instructional Supervision Process – Goal Setting

Employee Name: _____ Date _____

Site: _____ Grade Level _____ Subject Matter _____

Status:

Permanent Probationary 2 Probationary 1 Temporary Intern/Emergency Permit/Waiver

1. If applicable, Evaluator and Evaluatee will review progress made on goals from your previous evaluation.

2. Please identify standards that you would like to focus on for this school year.

3. What are the actions you will take to make progress towards identified standards and what support can be provided for you to attain them?

4. If applicable, Evaluator and Evaluatee will discuss the forms and process for observations and evaluation as defined by Article 11.11 and 11.12.