

## NPS Self-Assessment and Goal Setting Form

*All Educators  
(PTS and Non-PTS)*

### Notes:

This form should be individually submitted by educator, but Part 1 can also be used by individuals and/or teams who jointly review and analyze student data.

A minimum of one student learning goal and one professional practice goal are required. Team goals must be considered per [HYPERLINK "http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06"](http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06) [603 CMR 35.06\(3\)\(b\)](#).

Attach pages as needed for additional goals or revisions made to proposed goals during the development of the Educator Plan.

**SMART:** S=Specific and Strategic; M=Measurable; A=Action Oriented; R=Rigorous, Realistic, and Results-Focused; T=Timed and Tracked

Educator—Name/Title:

Primary Evaluator—Name/Title:

Contributing Evaluator, if any—Name/Title:

School(s):

### Part 1: Analysis of Student Learning, Growth, and Achievement

*Briefly summarize high-priority concerns for a group of students under your responsibility for the upcoming school year. Cite evidence such as results from available assessments. Use this analysis to formulate your Student Learning SMART Goal. [HYPERLINK "http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06"](http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06) [603 CMR 35.06\(2\)\(a\)1](#)*

### Student Learning SMART Goal

*Check whether goal is individual or team; write team name if applicable.*

FORMCHECKBOX Individual

FORMCHECKBOX Team: \_\_\_\_\_

**Part 2: Assessment of Professional Practice Against Performance Standards**

*Citing the educator evaluation rubric, briefly summarize high-priority areas for growth. Areas may target specific Standards, Indicators, or Elements, or span multiple Indicators or Elements within or across Standards. Use this assessment to formulate your Professional Practice SMART Goal.* HYPERLINK "http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06" [603 CMR 35.06 \(2\)\(a\)2](http://www.doe.mass.edu/lawsregs/603cmr35.html?section=06)

**Professional Practice SMART Goal**

*Check whether goal is individual or team; write team name if applicable.*

FORMCHECKBOX Individual

FORMCHECKBOX Team: \_\_\_\_\_

Check all that apply: FORMCHECKBOX Proposed Goals      FORMCHECKBOX Final Goals  
Date: \_\_\_\_\_

Signature of Educator \_\_\_\_\_ Date \_\_\_\_\_

Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_

The evaluator’s signature indicates that he or she has received a copy of the self-assessment form and the goal setting form with proposed goals. It does not denote approval of the goal.

The “Final Goals” box shall be checked once the goals are approved by the evaluator.

**Team may mean any group of educators who collaborate on a regular basis throughout the year such as PLC, CFG, co-teachers, GLDs, grade-level teams etc.**

If proposed goals change during Plan Development, edits may be recorded directly on original sheet or revised goal may be recorded on a new sheet. If proposed goals are approved as written, a separate sheet is not required.

Updated DATE \@ "M/d/yy" 12/17/12  
Form

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