

Educator Plan Form

Educator—
Name/Title: _____ School(s): _____

Primary Evaluator—
Name/Title: _____ Supervising Evaluator, if any—
Name/Title/Role in evaluation: _____

Educator Plan: Self-Directed Growth Plan Directed Growth Plan Developing Educator Plan Improvement Plan¹

Plan Duration: Two Years One Year Less than a year

Start Date: _____ End Date: _____

Student Learning S.M.A.R.T. Goal(s):		Focus Indicators or Elements <i>Indicators or element(s) aligned to the S.M.A.R.T. goal(s).</i>	
<input type="checkbox"/> Individual <input type="checkbox"/> Team			
<p><i>Describe actions the educator will take to attain the student learning goal(s). Activities may apply to individual and/or team. Attach additional pages as needed.</i></p>			
Action/Benchmark	Supports/Resources from School/District ¹	Timeline or Frequency	Evidence to be Collected

¹ Additional detail may be attached if needed.

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Professional Practice S.M.A.R.T. Goal(s):		Focus Indicators or Elements <i>Indicators or element(s) aligned to the S.M.A.R.T. goal(s).</i>	
<input type="checkbox"/> Individual <input type="checkbox"/> Team			
<i>Describe actions the educator will take to attain the professional practice goal(s). Activities may apply to individual and/or team. Attach additional pages as needed.</i>			
Action/Benchmark	Supports/Resources from School/District	Timeline or Frequency	Evidence to be Collected

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Educator—Name/Title: _____

District Improvement S.M.A.R.T. Goal #1:		Focus Indicators or Elements <i>Indicators or element(s) aligned to the S.M.A.R.T. goal(s).</i>	
<input type="checkbox"/> Individual <input type="checkbox"/> Team			
<i>Describe actions the educator will take to attain the professional practice goal(s). Activities may apply to individual and/or team. Attach additional pages as needed.</i>			
Action/Benchmark	Supports/Resources from School/District	Timeline or Frequency	Evidence to be Collected

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District Improvement S.M.A.R.T. Goal #2:		Focus Indicators or Elements <i>Indicators or element(s) aligned to the S.M.A.R.T. goal(s).</i>	
<input type="checkbox"/> Individual <input type="checkbox"/> Team			
<i>Describe actions the educator will take to attain the professional practice goal(s). Activities may apply to individual and/or team. Attach additional pages as needed.</i>			
Action/Benchmark	Supports/Resources from School/District	Timeline or Frequency	Evidence to be Collected

Student Learning Measures <i>Identify the appropriate student learning measures.</i>	Anticipated Student Learning Gains <i>Identify the anticipated student learning gains for each measure.</i>

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This Educator Plan is “designed to provide educators with feedback for improvement, professional growth, and leadership,” is “aligned to statewide Standards and Indicators in 603 CMR 35.00 and local Performance Standards,” and “is consistent with district and school goals.” (see [603 CMR 35.06 \(3\)\(d\)](#) and [603 CMR 35.06\(3\)\(f.\)](#))

Signature of Evaluator _____ Date: _____

Signature of Educator* _____ Date: _____

* As the evaluator retains final authority over goals to be included in an educator's plan (see [603 CMR 35.06\(3\)\(c\)](#)), The educator's signature does not necessarily denote agreement with the goals. Regardless of agreement with the final goals, signature indicates recognition that “It is the educator's responsibility to attain the goals in the plan and to participate in any trainings and professional development provided through the state, district, or other providers in accordance with the Educator Plan.” (see [603 CMR 35.06\(4\)](#))