



## Archdiocese of Baltimore Teacher Goal Form

*(Teachers) must aim to build an educational relationship with each student, who must feel welcomed and loved for what he or she is with all of their limitations and potential. -Pope Francis*

**Teacher's Name:**

**Date:**

**School Year:**

**Department/Subject:**

**Level/Grade:**

List a minimum of two goals that reflect growth consistent with recommendations of your previous evaluation and/or specific action plans that will support your personal professional growth plan. Utilize SMART goals and list specific actions plans. As the year progresses, document your progress and complete the self-assessment part of this form by May 1.

### **Domains:**

- Domain 1: Planning and Preparation
- Domain 2: Learning Environments
- Domain 3: Learning Experiences
- Domain 4: Principled Teaching

### **SMART Goals:**

These may be immediate, short-term and long-term in nature, but should be **"S.M.A.R.T."**:

**S**pecific – to ensure clear understanding by both the supervisor and employee;

**M**easurable – defining how progress and results will be determined;

**A**ttainable – the employee should be able to accomplish within his/her authority and available resources;

**R**elevant – goals and objectives should be pertinent to the employee and position;

**T**ime bound – expectations regarding time frames for progress and final completion should be established.

**DOMAIN:**

**COMPONENT:**

**GOAL 1:**

Action Plan (methods/Strategies):

Supervisor's Initials for Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Evidence and Self-Assessment of Progress towards Goal:

**DOMAIN:**

**COMPONENT:**

**GOAL 2:**

Action Plan (methods/Strategies):

Supervisor's Initials for Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Evidence and Self-Assessment of Progress towards Goal:

**DOMAIN:**

**COMPONENT:**

**GOAL 3:**

Action Plan (methods/Strategies):

Supervisor's Initials for Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Evidence and Self-Assessment of Progress towards Goal:

**DOMAIN:**

**COMPONENT:**

**GOAL 4:**

Action Plan (methods/Strategies):

Supervisor's Initials for Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Evidence and Self-Assessment of Progress towards Goal:

**Teacher's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_