

Educator Plan Form**Medway Schools**

Educator—Name/Title:

Primary Evaluator—Name/Title:

Supervising Evaluator, if any—Name/Title/Role in evaluation: **N/A**School(s): **Medway High School**Educator Plan: ☐ Self-Directed Growth Plan ☐ Directed Growth Plan
☐ Developing Educator Plan ☐ Improvement Plan*Plan Duration: ☐ 2-Year ☒ One-Year ☐ Less than a year _____Start Date: **October 2013** End Date: **May 1, 2014**☐ **Goal Setting Form with final goals is attached to the Educator Plan.**

Some activities may apply to the pursuit of multiple goals or types of goals (student learning or professional practice). Attach additional pages as necessary.

Student Learning Goal and Planned ActivitiesAlone or with _____ I will raise student achievement on (common assessment or unit of focus):

_____ in

_____ course by _____ percent.

Action	Supports/Resources from School/District ¹	Timeline or Frequency
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Pre-Assessment	PD on Building Common Assessments	
Analysis of data	PLC time PD on Data Analysis	Within a week of giving pre-assessment
Action plan including specific instructional strategies targeting areas of	PLC time	Prior to implementing instruction of unit

weakness		
Implement instructional action plan		
Post-Assessment		Immediately after instructional unit
Analysis of Post-Assessment including reflection of action plan and future plans	PD on reflection	Within a week of post-assessment implementation

*Additional detail may be attached if needed

Educator—Name/Title: _____

Professional Practice Goal(s): Planned Activities

Alone or with _____ I will develop the _____ course curriculum in Atlas, which include course description, appropriate sequencing, essential questions, enduring understandings, standards, lesson activities, assessments, differentiated instructional practices, and all corresponding links.

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.

Action	Supports/Resources from School/District¹	Timeline or Frequency
Pilot Lesson Plan Template	PD on Lesson Plan Creation	By Nov 10, 2013
Complete Unit 1 and self-assessment using Atlas rubric	Review of completed units by EL and teacher(s)	By Nov. 30, 2013
¼ of course is documented , self-assessment submitted	PD on Assessment for Understanding PLC time	By January 30, 2013
½ of course is documented and self-assessment submitted	Review of completed units by EL and teacher(s) PLC Time	By May 1, 2014

¹ Must identify means for educator to receive feedback for improvement per [603 CMR 35.06\(3\)\(d\)](#)

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 signature of the educator indicates that he or she has received the Goal Setting Form with the "Final Goal" box checked, indicating the evaluator's approval of the goals. 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\(4\)](#))