

Center Grove Community School Corporation

GOAL ACTION PLAN

_____ School Year

Teacher's Name:	
Building:	
Grade Level:	

Reflection:

Evaluate your progress toward attainment of your goal and specific strategies. Provide documented evidence that the implementation of the goal has had an effect on student achievement as well as the school or corporation's mission. Be sure to include documented evidence that your teaching pedagogy has changed because of this process and the new knowledge you gained along the way. Also, mention what your next steps will be.

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Teacher's Signature:	
Administrator's Signature:	
Date Submitted:	

*This document will be submitted to the Superintendent of Schools prior to the last day of school each year and then placed in your permanent employment file.