

**EACS Teacher Effectiveness Rubric  
Goal Setting**

**Goal Setting Conference by October 15/Interim Goal Setting Report / Final Goal Setting Report**

Teacher: \_\_\_\_\_ Assignment: \_\_\_\_\_ School Year: \_\_\_\_\_

Goal(s):

Domain to which goal pertains:

Purposeful Planning

Teacher Leadership

Effective Instruction

Core Professionalism

Plan for achieving goal along with timeline:

Adjustment to plan if needed:

Evidence/Proof of goal(s) attainment (artifacts/information included):

Observation Dates and Comments:

Continued

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\_\_\_\_\_  
Teacher's signature (by October 15)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's signature (by October 15)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teacher's signature (by December 15/January 31)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's signature (by December 15/January 31)

\_\_\_\_\_  
Date

**Four Domains Evaluation [check designated goal area(s)]:**

H –Highly Effective    E-Effective    IN-Improvement Necessary    I-Ineffective

_____ Purposeful Planning	H	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input type="checkbox"/>	I	<input type="checkbox"/>
_____ Teacher Leadership	H	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input type="checkbox"/>	I	<input type="checkbox"/>
_____ Effective Instruction	H	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input type="checkbox"/>	I	<input type="checkbox"/>
_____ Core Professionalism	H	<input type="checkbox"/>	E	<input type="checkbox"/>	IN	<input type="checkbox"/>	I	<input type="checkbox"/>

Administrative Feedback:

\_\_\_\_\_  
Teacher's signature (by May 1/May 15)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's signature (by May 1/May 15)

\_\_\_\_\_  
Date

Teacher's signature does not mean that the teacher agrees with the evaluation, but that the teacher has reviewed the evaluation with the administrator. Teacher may comment on a separate sheet of paper and attach to this form.

**Original to: Human Resources Office**

**Copies to: Teacher & Administrator(s)**