Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Department/Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please check one:***

\_\_\_\_\_ Probationary teacher

\_\_\_\_\_ Tenured teacher

\_\_\_\_\_ Part-time teacher

**\_\_\_\_\_** Full-year leave replacement

Please attach a one page written reflection assessing your work towards your annual goal. What did you do? What did you learn? How have you implemented what you have learned? How can you demonstrate and share your findings?

*If appropriate, please attach your original written goals as well as samples of student work or other artifacts that reflect your work.*

***This form and attachment must be submitted by the last work day in May*.**

|  |
| --- |
| This form will be returned to you by the last work day in June. Teacher’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Administrator’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_ |