

Form A: School-Level Parent Feedback Goal
School-Level Parent Feedback (10% of Summative Evaluation)

Teacher Name:		Date:
School:		
Grade:	Subject:	School Year:

School-Level Parent-Feedback Goals: <i>(Selected by school based on Parent Survey results)</i>
Teacher's Action Steps: <i>(Selected by teacher in consultation with the evaluator based on School-Level Parent-Feedback Goals. How will they help the meet the School-Level Parent-Feedback Goals?)</i>

Evaluator Approval		
Supports the achievement of School-Level Parent Feedback goals	Acceptable <input type="checkbox"/>	Unacceptable <input type="checkbox"/>
The Teacher's Action Steps are ambitious but achievable.	Acceptable <input type="checkbox"/>	Unacceptable <input type="checkbox"/>

Signatures (To be completed after discussion of goals)

Revisions Required

Resubmit By: _____

Approved

Teacher:

Date:

Evaluator:

Date: