



**Teacher Goal Setting Form**

Teacher's name: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Town: \_\_\_\_\_

Years of teaching: \_\_\_\_\_ Number of years in current school: \_\_\_\_\_ Grade(s) taught: \_\_\_\_\_

Subject(s) taught: \_\_\_\_\_

**Identify one goal for each of the following categories:**

**Archdiocesan Goal**

*Choose one area below from Common Threads and develop a goal specific to that area:*

Catholic Identity

Advancement

Quality Catholic Education

Accessibility

Goal:

How will you reach this goal? List steps to achieve this goal:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Support needed: \_\_\_\_\_

Criteria for evaluating this goal: (How will you know if the goal is attained?):

**School Mission/Community of Faith Goal**

*What will you do to show how you will develop Catholic social teachings and Gospel values in your classroom or school?*

\_\_\_\_\_

\_\_\_\_\_



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How will you reach this goal? List steps to achieve this goal:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Support needed: \_\_\_\_\_

Criteria for evaluating this goal: (How will you know if the goal is attained?)

**Instruction for Active Learning Goal**

*What will you do to show how you will address the instructional component of your classroom to meet student needs?*

How will you reach this goal? List steps to achieve this goal:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Support needed: \_\_\_\_\_

Criteria for evaluating this goal: (How will you know if the goal is attained?):



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**Professional Responsibilities and Teacher Leadership Goal**

*What will you do to show how you will address your continued education or professional responsibilities within the Archdiocese of Hartford, your school or classroom?*

How will you obtain this goal? List steps to achieve this goal:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Support needed: \_\_\_\_\_

Criteria for evaluating this goal: (How will you know if the goal is attained?):

**Comments (any additional information or concerns that you wish to share regarding the goals you listed):**

Teacher's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator's signature: \_\_\_\_\_

Date goals approved by Administrator: \_\_\_\_\_