

Teacher/Executive Director Annual Goal Setting Meeting

Teachers Name: _____ Date: _____

Strengths as a teacher:

- 1.
- 2.
- 3.

Areas in need of improvement:

- 1.
- 2.
- 3.

Smart Goal 1: _____

Objectives:

- 1.
- 2.
- 3.

Smart Goal 2: _____

Objectives:

- 1.
- 2.
- 3.

Professional Development Courses for school year to be completed by April 15:

Executive Director Chosen:

- 1.
- 2.

Teacher Chosen:

- 1.
- 2.

Teacher Comments:

Executive Director Comments: