

# Holton Public Schools

## Individual Development Plan (IDP) – Performance Goals

### Teachers and Instructional Staff

This form is to be developed by the school administrator, or his or her designee conducting the evaluation, in consultation with the teacher. The performance goals and training or professional development in this IDP may be directive and are designed to improve the effectiveness of the teacher or instructional staff member.

Teacher's Name: \_\_\_\_\_ Building: \_\_\_\_\_ Department / Grade Level: \_\_\_\_\_

1. **Student Achievement Growth Goals:** These goals must be based on the goals and objectives outlined in the building and District School Improvement Plan. Goals must be based, in significant part, on national, state, or local student achievement assessment data. Multiple measures of learning are encouraged to increase validity and reliability of the established goals.

<b>Goal #1</b>	
Student Goal Statement	
Gap Statement	
Assessment tool(s) used	
Target timeline	
Measurable Objective Statement	

<b>Goal #2</b>	
Student Goal Statement	
Gap Statement	
Assessment tool(s) used	
Target timeline	
Measurable Objective Statement	

2. **Teacher Effectiveness and Behavior Goals:** These goals must be based upon the 5D+ Instructional Framework and the 5D+ Teacher Evaluation Rubric, which take into account the characteristics for effective practice of teachers and instructional staff.

3. **Training and Professional Development:** What training and professional development is recommended by the evaluator to assist the teacher in improving effectiveness, while demonstrating satisfactory growth and progress on the goals identified in this Individual Development plan (IDP)?

4. **Indicators of Success:** What evidence or artifacts will be provided to demonstrate satisfactory growth and progress on the goals identified above?

Teacher or Instructional Staff Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*The teacher's signature acknowledges completion of the Individual Development Plan (IDP) meeting and receipt of this form.*

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_