**Individual specialist program objective**

Educational Specialist Name: Click here to enter text.

Job Assignment: Click here to enter text.

**SPECIALIST SECTION**

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| 1. **Population: Describe the student or school population to be served and any special circumstances relevant to the objective.** |
| Click here to enter text. |

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| 1. **Topic/Area: Describe the topic/area to be addressed by the SPO.** |
| Click here to enter text. |

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| 1. **Baseline Data: Describe the current levels of performance in the topic/area to be addressed by the objective.** |
| Click here to enter text. |

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| 1. **Specialist Project Objective: In specific and measurable terms, describe what you want to achieve by the end of the performance interval.** |
| Click here to enter text. |

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| 1. **Growth Target: Describe the growth that is expected to occur during the performance interval.** |
| Click here to enter text. |

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| 1. **Performance Interval:** |
| Year |
| Semester |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. **Strategies: Describe activities you will use to achieve the Specialist Program Objective.** |
| Click here to enter text. |

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| 1. **Assessment Plan: Describe the assessment/criteria you will use to determine whether the SPO has been met.** |
| Click here to enter text. |

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| 1. **Rationale: Explain why you have chosen this particular objective.** |
| Click here to enter text. |

**EVALUATOR SECTION**

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| 1. **Approval of Objectives** | | |
| Importance of Topic | Unacceptable | Acceptable |
| Rigor of Objective/Target | Unacceptable | Acceptable |
| Quality of Assessment Plan | Unacceptable | Acceptable |
| Approved | Returned for Review |  |

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| 1. **Mid-Interval Review: Suggestions, Comments. Approval of Objectives** |
| Click here to enter text. |

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| 1. **Individual SPO End-of-Interval Review (Attach completed rubric)Approval of Objectives** | | | |
| Quality and Rigor of the Objective/Targets | | | |
| Unsatisfactory | Basic | Proficient | Exemplary |
| Effectiveness in Implementing the Planned Strategies | | | |
| Unsatisfactory | Basic | Proficient | Exemplary |
| Accomplishment of the SPO goals | | | |
| Unsatisfactory | Basic | Proficient | Exemplary |
| **Comments:** | | | |
| Click here to enter text. | | | |

**Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Educational Specialist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**