## **GADSDEN COUNTY TECHER EVALUATION**

## **Deliberate Practice Growth Target**

Teacher Name:	Assignment:
Evaluator's Name:	Title:
School Year:	Date Approved:
Teacher Signature:	
Evaluator's Signature:	
Deliberate Practice Growth Target #: (Insert target identific	cation number here, then check one category below)
( ) District Growth Target ( ) School Growth Target	( ) Teacher/Leader's Growth Target
Focus issue(s): Why is the target worth pursuing?	
Growth Target: Describe what you expect to know or be able to do	as a result of this professional learning effort.
Anticipated Gain(s): What do you hope to learn?	
Plan of Action: A general description of how you will go about acc	complishing the target.
<b>Progress Points:</b> List progress points or steps toward fulfilling your goal that enable you to monitor your progress.	
Notes:	