# STUDENT LEARNING AND GROWTH OBJECTIVES PLAN & LICENSED FACULTY PROFESSIONAL PRACTICE GROWTH PLAN

<table>
<thead>
<tr>
<th>Licensed Faculty Member:</th>
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<tr>
<td>Temporary ☐</td>
<td>Probationary Year: 1 ☐ 2 ☐ 3 ☐</td>
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<td>Contract Year: 1 ☐ 2 ☐ 3 ☐ 4 ☐</td>
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| Principal/Administrator: | School:                            |

Establish at least two student goals. Use a separate form for each student goal. Use the “Guide to Developing 4J Student Learning and Growth Objectives Plan” in completing this form.

### Types of Student Goals:
- Growth goal—measures the academic progress made by learners over the course or the school year
- Social-emotional goal—tracks demonstration of or improvements in positive and pro-social behaviors

The SLGO Plan below is to be based upon the Eugene School District 4J Standards for Effective Teaching. Each student goal must include:
- Statement of the specific goal in measurable terms
- Strategies/activities that will be undertaken to reach the goal
- Proposed evidence of goal progress, completion, and success

### Licensed Faculty:
Each student goal must also be reflected in the licensed faculty’s Professional Practice Growth Plan, including ways your principal/administrator can support goal attainment.

## STUDENT LEARNING AND GROWTH OBJECTIVES (SLGO) PLAN

**Type of Student Goal:** Growth ______  Social-emotional____

**Target Population:**

**Baseline Data & Assessment Tools:**

**Time Interval:**

**Teaching/Learning Standards and Strategies:**
Assessments:

Rationale for Growth Targets:

Growth Assessment Tool(s) by Category:

___ State/national standardized test: _________________________________________________

___ Common national or other approved measure: ______________________________________

___ School-wide or classroom-based measure: _________________________________________

Statement of Student SMART Goal:

LICENSED FACULTY PROFESSIONAL PRACTICE GROWTH PLAN
(Note: This section is not completed by Temporary faculty members.)

Licensed Faculty Professional Practice Goal(s) and Activities:

Support Requested from Principal/Administrator:

Licensed Faculty Member __________________________________________________________
Principal/Administrator __________________________________________________________
Date ____________________________________________________________________________

Original remains in licensed faculty member’s working file at local school; copy to licensed faculty member.