

Ambitious and Feasible Student Learning Objective (2018/19)

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|-------------------------------------|----------|-------------------------|--------------------------|---|
| Employee ID: | | Educator's Name: | | School: |
| Grade: | Subject: | Number of Students: | Interval of Instruction: | Required/Optional: |
| | | | | Required SLO <input type="checkbox"/> |
| | | | | Optional SLO <input type="checkbox"/> |
| Name and Description of Assessment: | | | SLO Type: | General <input type="checkbox"/> |
| | | | | Specific Group <input type="checkbox"/> |
| | | | | Individual Goals <input type="checkbox"/> |

Rationale for Student Growth Objective:
Please include content standards covered and briefly describe why assessment method is appropriate.

Baseline Data:
Please include what you know about your students' performance/skills/achievement levels at the beginning of the quarter/Hexter, as well as any additional student data or background information used in setting your objective. Feel free to attach any additional sheets needed, if any.

Student Learning Objective:
Write a specific, measurable, ambitious, achievable and time-related objective. Clearly indicate the assessment to be used, the student success criteria based on that assessment, and the percentage of students reaching the success criteria that will result in a rating of Expected (3). Specify student inclusion/exclusion criteria, if any. (e.g. Student Attendance)

| Objective Attainment Level Based on Percentage of Students Meeting Success Criteria | |
|---|---|
| Insufficient Evidence of Effectiveness (2) (< X%) | Evidence of Effectiveness (3) [x% to 100%] |
| | |

Approval of Student Learning Objective (Filled out prior to instruction cycle.)

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|-----------------------|-----------------------------|
| Date Approved: | Teacher Signature: |
| | Principal Signature: |

Results of Student Learning Objective (Filled out after instruction cycle completed.)

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|---------------------------------|-----------------------------------|
| Final Student Count: | Date Completed and Scored: |
| Count Meeting Objective: | Teacher Signature: |
| Percent/Rating: | Principal Signature: |