

ARKANSAS SUPERINTENDENT EVALUATION SYSTEM

SUPERINTENDENT'S PROFESSIONAL GROWTH PLAN



Superintendent Name: _____

School District: _____ **Implementation Year:** _____

ANNUAL GOAL and ACTION PLAN (use this page for each goal written)	RELATES TO: Standard(s)/Function(s)
Goal # :	

ACTION or STRATEGY	TIME LINE	RESOURCES	INDICATORS/MEASURES OF ACHIEVEMENT
1.			
2.			
3.			
4.			
5.			

ARKANSAS SUPERINTENDENT EVALUATION SYSTEM

SIGNATURES (Plan Approval)

Board President Signature:

Date:

Vice President Signature:

Date:

Secretary Signature:

Date:

Member Signature:

Date:

Member Signature:

Date:

Member Signature:

Date:

Member Signature:

Date:

Superintendent Signature:

Date:

ARKANSAS SUPERINTENDENT EVALUATION SYSTEM

REFLECTION and ASSESSMENT (MID-YEAR)	
SUPERINTENDENT REFLECTION AND COMMENTS	BOARD RESPONSE/RECOMMENDATIONS
MID-YEAR FORMATIVE REVIEW DATE: PROGRESS MADE:	MID-YEAR FORMATIVE REVIEW DATE: PROGRESS MADE:
SOURCES SUPPORTING STATUS REVIEW:	SOURCES SUPPORTING STATUS REVIEW:

Board President Signature:

Date of Board Review:

Superintendent Signature:

Date:

ARKANSAS SUPERINTENDENT EVALUATION SYSTEM

SUPERINTENDENT'S SELF-REFLECTION and ASSESSMENT for END-of-YEAR (November-December)

PROGRESS MADE and COMMENTS

SOURCES SUPPORTING STATUS REVIEW:

Superintendent Signature:

Date: