

**Torrington Public Schools  
Annual Goal Setting Form**

Teacher's name \_\_\_\_\_ School \_\_\_\_\_ Assignment \_\_\_\_\_  
\_\_\_\_ Induction \_\_\_\_ Transitioning  
\_\_\_\_ Continuous Growth standard \_\_\_\_ Continuous Growth comprehensive  
\_\_\_\_ Professional Intervention

SMART goal for 20\_\_-20\_\_:

*Enter SMART goal statement in this box.*

**Specific:** What is your focus or objective for improving student performance in your class?

**Measurable:** How will you establish a baseline and show student growth? What data will you collect to document progress towards your goal?

**Attainable:** What strategies or actions will help you to improve student performance in this area?

**Relevant:** How does your goal align with school or district improvement efforts?

**Timebound:** When do you expect to reach your goal? Do you have any benchmarks or checks along the way to indicate if you are making progress?

\_\_\_\_ SMART goal approved by evaluator                      Date \_\_\_\_\_

\_\_\_\_ SMART goal approved with revisions                      Date to meet again \_\_\_\_\_

Teacher signature \_\_\_\_\_  
Evaluator signature \_\_\_\_\_