

**MILLBURN C. C. SCHOOL DISTRICT #24
TENURED EMPLOYEE EVALUATION**

EMPLOYEE YRS IN DISTRICT TOTAL YRS

SCHOOL EVALUATOR DATE

POSITION GOAL TYPE:
INSTRUCTIONAL PERSONAL PROGRAM

GOAL STATEMENT: Answer the following - a)What do I want to accomplish? b) Why do I want to accomplish it? c)Who will be involved? d) If applicable, also answer When, Where, and How often it will be done.

RESPONSIBILITIES TO BE TAKEN TO ACCOMPLISH THE GOAL: (How - Action Plan)

OBSERVABLE EVIDENCE: (How I will determine whether or not I have achieved the goal.)

SPECIAL CONSIDERATIONS: (Cost, time, special equipment, etc.)

GOAL ACHIEVEMENT: (Has the goal been achieved? Explain.)

OTHER COMMENTS

SIGNATURES FOR GOAL ASSESSMENT:

EMPLOYEE

EVALUATOR

DATE