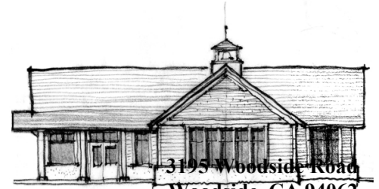


Woodside School District Certificated Performance Goals Year: 2024-2025



3195 Woodside Road

Woodside, CA 94062

Phone: 650.851.1571

Fax: 650.851.5577

Website: <http://www.woodsideschool.us>

Employee's Name:

Date:

Position:

Evaluator:

Directions: Develop goals with proposed activities that are aligned to the District Strategic Plan and/or recommendations in the previous year's evaluation. These goals must be mutually agreed upon with the evaluator.

GOAL 1:

1. Goal Statement:

2. Action Plan: How will you accomplish your goal?

3. Documentation: How will you show attainment of the goal?

Evaluator's Signature

Date: _____

Employee's Signature

Date: _____

Employee's Name:

Date:

Position:

Evaluator:

GOAL II:

1. Goal Statement:

2. Action Plan: How will you accomplish your goal?

3. Documentation: How will you show attainment of the goal?

<hr/> <i>Evaluator's Signature</i>	<hr/> <i>Employee's Signature</i>
Date: _____	Date: _____