

Instructional Central Office Staff Goal-Setting Form

Name: _____ School year: _____

District: _____

This goal-setting form should be completed by the instructional central office staff member following the self-assessment process. The proposed goals, as well as activities, outcomes, and time line, will be reviewed by the superintendent prior to the beginning of work on the goals. No more than five (5) goals should be established for a single school year; it is not necessary to have a goal for each standard.

	Elements Addressed	Goal(s)	Key Activities/Strategies (What you need to do to accomplish the goal)	Outcomes (Measurement)	Timeline For Achieving Goal
1. Strategic Leadership					
2. Instructional Leadership					
3. Cultural Leadership					
4. Human Resource Leadership					
5. Managerial Leadership					
6. External Development Leadership					
7. Micro-political Leadership					

Instructional central office staff member signature _____ Date _____

Superintendent signature _____ Date _____