

## STEP 1 – Annual Goals Form (PDF Version)

**Purpose:** The purpose of this form is for teachers and staff members to reflect on their professional growth, write a goal statement for the current school year, and identify any needs to support their goals and certification timeline. This form aligns with Domain 4 of the Danielson Framework for Teaching (FFT).

**TEACHER/STAFF MEMBER NAME**

**POSITION/TITLE**

**NUMBER OF YEARS EMPLOYED AT CURRENT SCHOOL (IF HIRED THIS YEAR, WRITE 'FIRST YEAR')**

**NUMBER OF YEARS EMPLOYED IN CURRENT POSITION (IF BEGAN NEW ROLE/POSITION THIS YEAR, WRITE 'FIRST YEAR IN THIS ROLE')**

### REFLECTION AND PLANNING (COMPONENTS 4A, 4E, & 4F)

**Teachers and Staff:** Assess your performance in relation to your final evaluation from the previous school year (if applicable).

**Teachers:** List 2-3 components from the Danielson FFT that you would like to focus on this year and reflect on the questions below (see attached Danielson FFT).

Danielson FFT Components:

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What is your plan for enhancing your teaching/professional growth in each of these areas?

How will this plan lead to improved student learning?

What will be evidence of success?



**GOAL STATEMENT (COMPONENTS 4A & 4E)**

**Teachers and Staff:** Using the SMART model, write a professional growth goal statement that you intend to follow during the school year. *Note: You will revisit this goal statement during your formal observation and final evaluation.*

**Certification Policy and Cycle**

**3421 Certification Requirements for Archdiocesan Teachers**

All full-time teachers and all part-time teachers of core/required subjects employed by the Archdiocese must have, or must obtain, Maryland, Virginia or District of Columbia certification within three (3) years of the date of hire or alternative certification as defined by the Catholic Schools Office. ([Policies for Catholic Schools](#), 2023).

**Indicate your certification status, if applicable. (Check one):**

Maryland and Virginia	Washington DC	Year Not Certified in MD, VA, or DC Since Employed by ADW School
<input type="checkbox"/> Certification Year 1 (CY1) <input type="checkbox"/> Certification Year 2 (CY2) <input type="checkbox"/> Certification Year 3 (CY3) <input type="checkbox"/> Certification Year 4 (CY4) <input type="checkbox"/> Renewal Year (RY)	<input type="checkbox"/> Certification Year 1 (CY1) <input type="checkbox"/> Certification Year 2 (CY2) <input type="checkbox"/> Certification Year 3 (CY3) <input type="checkbox"/> Renewal Year (RY)	<input type="checkbox"/> Not Certified Year 1 (NC1) <input type="checkbox"/> Not Certified Year 2 (NC2) <input type="checkbox"/> Not Certified Year 3 (NC3)
<input type="checkbox"/> I do not know my certification status.		

**CERTIFICATION STATUS AND TIMELINE (COMPONENT 4E)**

Write your action plan and timeline for acquiring or maintaining your MD, VA, or DC educator certificate, if applicable.

List any resources or information you will need in support of your educator certification timeline.

**OPTIONAL: ADDITIONAL COMMENTS**

**Teachers and Staff:** Include any additional comments to share with your principal.

Empty box for Teachers and Staff comments.

**PRINCIPAL COMMENTS**

Empty box for Principal comments.

\_\_\_\_\_  
**TEACHER/STAFF NAME (PRINT OR TYPED)**

\_\_\_\_\_  
**PRINCIPAL NAME (PRINT OR TYPED)**

\_\_\_\_\_  
**TEACHER/STAFF SIGNATURE AND DATE**

\_\_\_\_\_  
**PRINCIPAL SIGNATURE AND DATE**

**Distribution:** One copy to Employee, one copy to Supervisor, and original copy to Employee File.