# Annual Summary Conference Form

# **For Principals and Assistant/Vice Principals Not Receiving a Median Student Growth Percentile (mSGP) Score**

| **Date** | **Name** | **School** | **Assignment** | **Years in District** | **Tenured (Y/N)** |
| --- | --- | --- | --- | --- | --- |
|  |  | . | . | . | .  |

| **Practice Score\*****(50%)** | **SGO Score****(10%)** | **Administrator Goals (40%)** | **Summative Rating** |
| --- | --- | --- | --- |
| . | . |  | . |

 

**Guidelines for Conference Discussion**

**Practice Instrument**

Using documentation (observation reports, teacher reflection, etc.) and citing specific evidence, identify and discuss:

* 1-3 areas of strength
* 1-3 areas for improvement

**Evaluation Leadership Rubric\***

Using the state’s *optional* Evaluation Leadership Rubric and citing specific evidence, identify and discuss:

* 1-3 areas of strength
* 1-3 areas for improvement

**Student Growth Objectives** **(SGOs)** (Score is an average of teacher’s SGO score)

Using completed SGO forms and supporting documentation (assessment results, etc.), discuss:

* Successes and challenges of SGO process
* Lessons from SGOs about teaching and student learning
* Steps to improve SGOs for next year

**Administrator Goals** (Between 1 and 4 goals. The number is determined by the district)

Using completed administrator goal forms, associated rubric and other supporting data and documentation, discuss:

* Successes and challenges of administrator goal-setting process
* Lessons learned from administrator goals about schoolwide student success
* Steps to improve administrator goals for next year

**Professional Development Plan (PDP)**

Using the current PDP, discuss strategies for improving performance next year, such as:

* Successes and challenges on this year’s PDP
* Areas of professional development linked to information from evaluation
* Establish PD goals for the following year
* Components and implementation of a Corrective Action Plan (CAP) where warranted (replaces PDP)

\* Includes observations using a state-approved instrument and may include *optional* Evaluation Leadership Rubric

**Name Signature Date**

**Principal/AP/VP ­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluator** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Recommended for rehire (non-tenured)
* Recommended for continued employment (tenured)
* Placed on Corrective Action Plan

**Optional Form from the New Jersey Department of Education (10-18)**