



SCHOOL DISTRICT *of* FALL CREEK

336 E. Hoover Ave. • Fall Creek, WI 54742 • (715) 877-2123

Student Learning Objective Goal and Action Plan Approval Form

Name:	Grade/Department:
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Professional Growth Strategies and Support

Identify resources and support needed to meet SLO or professional practice goals.

SLO (Goal)	
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Professional Practice Goal (Action Plan)

After reviewing data and identify student populations for whom SLOs will apply, create a Student Learning Objective (Action Plan).

Professional Practice Goal: (Action Plan)	
Baseline Data and Rationale: (Why did you choose this SLO?)	
Student Population: (Who are you going to include in this SLO?)	
Interval: (How long will you focus on this SLO?)	
Growth Goal/Target: (What is the expected outcome of students' level of knowledge?)	
Instructional Strategies: (What methods or interventions will you use to support this SLO?)	
Evidence (assessment) for growth goal completion:	



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(How will you measure the outcome of your SLO?)	
Related Framework for Teaching domain/component(s):	

I want to be considered for the:

Professional Growth Opportunity (Merit Pay)

Non Merit Component

Print Name

Signature

Date