

Vista Unified School District  
**CERTIFICATED PERSONNEL ANNUAL GOALS**

Traditional Evaluation   
 or  
 Alternative Evaluation   
*(Optional for tenured teachers  
 with six years experience)*

Evaluatee \_\_\_\_\_ Location \_\_\_\_\_ Assignment \_\_\_\_\_  
 Certificated Status: (check one)  Permanent  Temporary Probationary:  1st Year  2nd Year

GOALS	ACTIVITIES	METHOD OF EVALUATION (Certificated Personnel)	DEGREE OF ACHIEVEMENT
1.	1.	1.	Completed on or before Summary Evaluation 1.
2.	2.	2.	2. Final Evaluation Conference
3.	3.	3.	3.
(Attach any additional goals.)			

Support requirements and specific constraints relative to the achievement of the above goals: (include situations or conditions unique to the class or assignment.)

Pre-conference \_\_\_\_\_  
 Evaluatee's Signature \_\_\_\_\_ Date \_\_\_\_\_ Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Summary Evaluation Conference: \_\_\_\_\_  
 Evaluatee's Signature \_\_\_\_\_ Date \_\_\_\_\_ Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Check if additional pages attached. Such pages should be dated and signed as above.