



INITIAL CONFERENCE AGREEMENT CERTIFICATED INSTRUCTIONAL STAFF

Name: _____ Date: _____

School(s): _____ Number in Caseload: _____

Credential Type: _____ Credential Status: _____

Goals Selected: Choose one standard PLUS Standard 6

- Standard 1: Engaging and Supporting All Learners
- Standard 2: Creating and Maintaining Effective Environments for Student Learning
- Standard 3: Understanding and Organizing Subject Matter for Student Learning
- Standard 4: Planning Instruction and Designing Learning Experiences for All Students
- Standard 5: Assessing Students Learning
- Standard 6: Developing as a Professional Educator

Activities to meet goals in CSTP

1.

2.

3.

4.

Date of Agreement: _____

Date of Formal Observation: _____

Date of Formal Evaluation Conference: _____

Teacher Signature: _____

Date: _____

Administrator Signature: _____

Date: _____