

**ADDENDUM G-RTI
MADERA UNIFIED SCHOOL DISTRICT
TSA: Response to Intervention Support Teacher Goals
Initial Conference Agreement**

Name _____ Date _____

Permanent or Probationary (circle one) 1st 2nd Other _____ Position _____

1. Student Support

- 1A. Provides daily pull out small groups and/or individualized instruction to identified target students
- 1B. Uses research based diagnostic and progress monitoring assessments to evaluate student progress.
- 1C. Uses effective literacy strategies for English Learners, students with disabilities and students with diverse learning needs.

2. Instructional Support

- 2A. Collaborates with classroom teachers to ensure consistency in literacy instruction
- 2B. Collaborates with classroom teacher in problem solving to meet the needs of the students
- 2C. Serves as a resource in identifying appropriate instructional materials, strategies, and interventions to improve student academics.

3. Assessment and Evaluation

- 3A Collaborates with teachers to provide support in the analysis of data from assessment results.
- 3B. Provides support in the development of assessments.
- 3C. Provides multiple sources of data, including assessments, to promote the needs of the school.
- 3D. Collaborates with site administration in the development and implementation of intervention

4. Professional Development:

- 4A. Collaborates in planning and promoting professional development activities.
- 4B.. Maintains professional competence through participation in professional development activities as provided by district, county, state and other consultants.

Understanding that the evaluation process reflects all standards above, please select two to three standards upon which you will focus this year. Choose one or more elements for each standard.

I. Goal Number One

1. Standard: _____

Element(s): _____

2. Please describe your personal goal(s) and implementation plan related to this standard.

3. How will your attainment of this goal be evaluated?

II Goal Number Two

1. Standard: _____

Element(s): _____

2. Please describe your personal goal(s) and implementation plan related to this standard.

3. How will your attainment of this goal be evaluated?

. III Goal Number Three (optional)

1. Standard: _____

Element(s): _____

2. Please describe your personal goal(s) and implementation plan related to this standard.

3. How will your attainment of this goal be evaluated?

IV. How can your administrator support you in meeting your identified standards (e.g. staff development, peer observation time, resources)?

Date

Teacher's Signature

Date

Supervisor's Signature

This agreement may be modified by mutual consent at any time during the school year. A copy of this plan will be kept in the Supervisor's office.

Original: Evaluatee
Copy: Evaluator