

**MONTGOMERY COUNTY PUBLIC SCHOOLS**  
**SELF-DIRECTED EVALUATION PROCESS**  
**FOR TEACHERS ON CONTINUING CONTRACT**  
**Annual Summary of Progress Toward Goal**

*This progress report must be submitted to the evaluating administrator by June 1 of each year of the goal period.*

Teacher \_\_\_\_\_ School \_\_\_\_\_

Grade level/subject \_\_\_\_\_ Evaluator \_\_\_\_\_

<b>GOAL(s):</b>   
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Year 1  2  3  4  5  of Goal Period

Estimated Goal Completion Date: \_\_\_\_\_

<b>Activities</b>	<b>Results/Progress/What I Learned</b>

Peer Panel Comments Attached (Optional): Yes  No

Teacher's Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_