# Goal Implementation Plan

# *Candidate: This form is not required but may be used as a guide in developing a successful working plan. This plan combines the CAP requirements and the inquiry process working plan.*

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| **What** is your goal? Is it specific, clear, and well defined? Is it manageable?(What is the *Essential Element(s), See Self‐Assessment Form)* | |
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| **Who** is involved (students, parents, teachers, administrators)? | |
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| **Why** is this area important? | |
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| **What** skills, knowledge, or practice will you acquire or develop through achieving this goal? | |
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| **How** will your data be collected (i.e. surveys, interviews, observations, assessments)? | |
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| **When** will you achieve this goal? **When** will the data be collected and how often?  **What** is your baseline? | |
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| **How** will you demonstrate progress toward this goal? (*Include potential sources of evidence demonstrating goal progress)* | |
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| **How** will you know the goal has been achieved? | |
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| **What** is the intended impact on student learning or outcomes? | |
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| What actions will you take to achieve the goal? | What actions/supports/resources will you need from your Supervising Practitioner and/or Program Supervisor? |
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