

**STUDENT GROWTH MEASURE VERIFICATION FORM**

Opening the School Year 20\_\_ - 20\_\_

Teacher \_\_\_\_\_  
teacher \_\_\_\_\_

Bldg \_\_\_\_\_ Check if a first year

Teaching Assignments:

Class	No. of Sections	No. of Students	Duration
			All Year __ Weeks __ Sem
			All Year __ Weeks __ Sem
			All Year __ Weeks __ Sem
			All Year __ Weeks __ Sem
			All Year __ Weeks __ Sem

At least ONE Student Growth Measure must be identified below:

Growth Measure	Description
Value-Added*	
Value-Added*	
Vendor Assessment	
Vendor Assessment	
SLO 1	
SLO 2	
SLO 3	
SLO 4	

*\*Linkage will have been completed in April of the previous school year.* I understand my student growth measure (50% of the Ohio Teacher Evaluation System) will be calculated based on the percentages outlined above.

\_\_\_\_\_  
Teacher

\_\_\_\_\_  
Date