

**SLO Documentation of Approval
Dalton, Orrville, Southeast**

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|-----------------------------|--|
| SLO Submission Date: | |
| Teacher: | |
| Building: | |
| Grade/Subject: | |

Be sure to review the SLO checklist for completeness. Inclusion of the baseline data, student needs assessment, and assessments used in SLO may be helpful to the SLO committee when reviewing your submission.

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| SLO's Submitted (include course/grade level/subject) |
| 1. |
| 2. |
| 3. |

*I am submitting these SLOs to be used as a component of my Student Growth Measures in the OTES. They will count as a percentage of my total Student Growth for evaluation purposes. I must submit final documentation of the SLO growth by **May 1**.*

Teacher Signature _____

For SLO Committee Use:

| | CHECK | DATE |
|-------------------------------|--------------|--|
| SLO Initial Submission | | Approved _____ |
| | | Revisions necessary. Revisions must be resubmitted within 10 days or _____ |
| | | Approved after revision _____ |