

Brookville Local Schools SGM Data Submission Form

Teacher Name: [Click here to enter text.](#) Contact Number: [Click here to enter text.](#)

Date of Submission: [Click here to enter text.](#) I am all VA w/no SLOs.

Grade: [Click here to enter text.](#) SLO/VA Subject Area: [Click here to enter text.](#)

Submitting exactly same assessments as previous year.

Submitting REVISED assessments from previous year. **Revised areas or new questions are highlighted or clearly marked.**

APPROVED

Based on the approval committee's review, the SLO has been approved. The SLO has met the criteria and expectations outlined in the SLO Guidance Checklist.

NOT APPROVED

The SLO does not meet the criteria and expectations outlined in the SLO Guidance Checklist. Further development is required in the following areas:

Baseline and Trend Data

Assessments

Student Population

Growth Targets

Interval of Instruction

Rationale for Growth Target(s)

Standards and Content

Once the marked areas are sufficiently addressed, the SLO must be resubmitted within 10 working days of _____.

Date

Committee comments:

Teacher's Signature/Date: _____

Committee Chairperson Signature/Date: _____

Building Administrator Signature: _____