SLG Approval Form*

General Information:
School Name:
Teacher Name:
Content area:
Grade Level(s):
Beginning date of SLG:

Student Learning (SLG):
After completing the worksheets that follow, write a summary in this box of your SLG.

Educator's Signature_____

Principal's Signature _____

Dates of SLG review _____

*** Changes may be made to your SLG with administrative approval.**