Student Growth Objective Form (Specific)

Grade:	Subject	Number of Students	Interval of Instruction
9-12	Culinary	15	Full year ☐ Semester ☐ Other _____
Name of Assessment	NOCTI Culinary Arts Level 1	**SGO Type**	General ☐ Specific X

Rationale for Student Growth Objective (Please include content standards covered and explanation of assessment method.)
This SGO covers all of the Culinary I Course and the following New Jersey Standards: NJCCCS Century Life & Career Skills: 9.4.12.A.(1).2 -3, 9.4.12.I.(1).8 and CCTC: HT-RFB 1-3 and AG-FD 1-4 Culinary NOCTI assessment: **Written:** 164 multiple choice question, **Performance:** Students will demonstrate skill in the following area: **Knife Skills ,Large and Small Equipment, Sanitation and Safety, Cold Food Preparation Fruits, Vegetables,** **, Sauces, and Hot Soups, Meats, Poultry, Fish, Receiving and Storage, Nutritional Values**

Student Growth Objective
Using the NOCTI Nursing Assistant Post Assessment , At least 10 out of 15 of my students in scoring in the medium category from their September pre assessment will attain a target score of 70% on the written portion and 92.7% on the performance portion

Baseline Data (Please include what you know about your students' performance/skills/achievement levels at the beginning of the year, as well as any additional student data or background information used in setting your objective.)
Based on the data collected from the administered NOCTI Nursing Assistant Pre- Assessment, 40 Students were grouped into 3 categories. 15 of the 40 scored in the medium category.

Scoring Plan

Objective Attainment Level Based on Percent and Number of Students Achieving Target Score

Target Score	Exceptional (4)	Full (3)	Partial (2)	Insufficient (1)
70% Written 92.7% Performance	11 students or greater met the target score or higher	10 students met the target score	9-5 students met the target score	4-0 met the target score

Approval of Student Growth Objective
Teacher _____   Signature_____   Date Submitted_____ Evaluator _____   Signature _____   Date Approved _____

Results of Student Growth Objective (State how many students met the final assessment target.)		
	Score _____ Date _____	Teacher _____ Evaluator _____