

Plan of Assistance for Improving Teacher Performance

To:

From:

Date:

1. **Purpose of the Plan of Assistance.**

2. **General Statement Outlining the Reason(s) for your Plan of Assistance**

3. **Statement of Deficiencies.**

4. **Statement of Expectations.**

5. **Improvement Program:**
 - a. **Administration Support and Resources.**

 - b. **Timeline:**

6. **Monitoring System.**

7. **Final Evaluation.**

8. **Question or support:**

Name

Principal

Verification of the Plan of Assistance: By signing this form, I confirm that I have discussed this plan of assistance with my supervisor and that I have been given a copy. I also understand that a copy has been placed in my personnel file. I understand that failure to satisfactorily complete this plan could result in job discipline. Also I understand that I may attach a written response to this form. Signing this form does not necessarily indicate that I agree with this plan of assistance.

Signature

Date