

USD 379: Plan of Assistance Form

Teacher: _____

Building: _____

Date: _____

A certified employee may be placed on a Plan of Assistance any time during their evaluation school year, once their formal evaluation has taken place.

	Comments	
Domain component of concern		
Expectations:		
Strategies:		
Resources:		
Data Collection:		
Evidence: (Level of performance according to Danielson rubric)		
The Monitoring System: Benchmarks/Indicators of Improvement (Timeline)	Date:	Initials:

Final Recommendation

- ☐ Concerns resolved, removal from plan
- ☐ Progress noted, continuation of plan
- ☐ Concerns unresolved

Evaluator Signature: _____	Date: _____
Teacher Signature: _____	Date: _____

**Signatures acknowledge content- they do not signify agreement.
Responses to this document may be made no later than two weeks after receipt of it.**