

Name: _____

Appraiser: _____

Campus: _____

Assignment/Grade: _____

Period of Intervention: _____ From: _____

To: _____

**PROFESSIONAL DEVELOPMENT AND APPRAISAL SYSTEM
INTERVENTION PLAN FOR TEACHER IN NEED OF ASSISTANCE**

1. Domain(s) in which the teacher is in need of assistance.

2. Professional-improvement activities and dates for completion.

3. Evidence that will be used to determine that professional-improvement activities have been completed.

4. Directives for changes in teacher behavior and time lines.

5. Evidence that will be used to determine if teacher behavior has changed.

Signature of Appraiser

Date

Signature of Principal

Date

My appraiser, principal, and I have discussed this intervention plan. My signature does not indicate whether I agree or disagree with this plan.

Signature of Teacher

Date

Name: _____

Appraiser: _____

Campus: _____

Assignment/Grade: _____

Period of Intervention:

From: _____

To: _____

**PROFESSIONAL DEVELOPMENT AND APPRAISAL SYSTEM
INTERVENTION PLAN FOR TEACHER IN NEED OF ASSISTANCE**

This plan has been successfully completed. _____

This plan has not been successfully completed. _____

This plan was not successfully completed for the following reasons:

Further action to be taken:

| | |
|---|-------|
| _____ | _____ |
| Signature of Appraiser | Date |
| _____ | _____ |
| Signature of Principal | Date |
| My appraiser and I have discussed the evaluation of the completion of this plan. My signature does not indicate whether I agree or disagree with the evaluation of this plan. | |
| _____ | _____ |
| Signature of Teacher | Date |