Employee:	Grade/Assignment:		Page: 1 of:
Evaluator:	Site:		<u>I</u>
Date of Assistance Plan Conference:	Time Period for Assistance Plan:	Date of Evaluation of Progress on Assistance Plan: on or about	

Areas needing assistance have been identified by the evaluator. The Assistance Plan is written to remediate those areas. The employee has the right to attach comments to the assistance plan. Additional forms may be necessary.

6, 1 1, 1, 1, 1	N. C.	6 16 5 1 6 1
Standard in Which	Nature of Unsatisfactory	Specific Examples of How
Assistance is Needed:	Performance. Example: (Failure to follow	Performance Will Be Measured to
	District established pacing guides.)	Demonstrate Improvement.
	District established pacing guides.)	Demonstrate improvement.
		Example: (Employee will review
		lesson plans and review with
		Dringing wooldy
		Principal weekly.)

Activities to be Implemented with timelines, (1) the Employee and, (2) the Evaluator to Correct Unsatisfactory Performance:	Evaluation and Ongoing Monitoring of the Employee's Progress Toward Meeting the Assistance Plan. Example: (The evaluator and the employee will meet on a regular basis to monitor the implementation of the Assistance Plan.)
ASSISTANCE PLAN ESTABLISHED: Employee Signature:	Date:
, , ,	
Evaluator's Signature:	Date:
Employee Comments:	,
Assistance Plan Evaluation Rating Meets or Exceeds Standards *Will be required to participate in the Assistance Plan progra *Will be required to participate in the Evaluation Process for	m for the 20 20 school year.
ASSISTANCE PLAN COMPLETED	
Employee's Signature	Date
Evaluator's Signature	Date

A signature on this form does not necessarily mean that the employee agrees with the opinions expressed, but merely indicates that the employee has read the form and has been given an opportunity for discussion and written responses.