

PAR Intervention Self-Referral

This form is to be used by a teacher after a collaborative intervention process is completed in order to request acceptance into the Peer Assistance and Review (PAR) program. PAR participants will be assigned a consulting teacher who will provide intensive support and conduct both formal and informal observations. At the conclusion of the intervention the PAR Panel will make a decision of continued employment or termination. All decisions made by the PAR Panel are final.

Date of Referral: _____ School: _____

Name of career teacher: _____

Teacher contact information: _____

Teacher's Assignment: _____

Name of principal: _____

Principal contact information: _____

A Collaborative Intervention plan was completed with an unsuccessful outcome. Yes No

Please attach copies of the Collaborative Intervention Plan Cover Sheet, Plan and Outcome Sheet.

Teacher's Signature: _____

Principal's Signature: _____

Send completed form and attachments to:

PAR Panel Facilitator
Human Resources- SLCS
440 E 100 S
Salt Lake City, UT 84111