

POST FALLS SCHOOL DISTRICT NO. 273

Series 300: Administration: School Principal

Section Title: Supervision and Evaluation

Sub-Section Number: 305.4f

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Principal Professional Assistance Form

Certificated Employee: _____

Date of last conference: _____

Supervisor: _____

Areas needing improvement:

Plan for improvement:

Timeline for improvement:

Conference timeline:

Observer comments:

I acknowledge that the supervisor has explained this summary of performance to me. I understand a copy of this form is being placed in my personnel file pursuant to Idaho Code § 33-518. My signature does not indicate agreement or disagreement with the statements herein.

Employee signature _____ Date _____

Supervisor signature _____ Date _____

Adopted: 3/9/15

Amended:

Reviewed: 2021