Simi Valley Unified School District
Certificated Professional Accountability & Evaluation

PRE-ASSISTANCE

Name: _____ Date: _____

Area of concern(s) related to the Professional Standards for the Teaching Profession (Identify Standard and Element):

_____

_____

Date(s) concern was previously discussed: _____

Previous conference summary and/or meeting: _____

_____

Desired behavior in relation to the Professional Standard: _____

_____

_____

Recommendation & Suggestion(s) for Improvement: _____

_____

_____

- ☐ Initial Meeting
- ☐ Goals Met
- ☐ Goals in Progress
- ☐ Goal Not Met

Next Meeting Date: _____

The teacher has received page D-10 on the Professional Standards for the Teaching Profession and pages D-28 and D-29 regarding professional assistance.

_____ _____
Administrator's Signature Date

_____ _____
Certificated Employee's Signature Date

Your signature does not indicate agreement with the content, only that you have received this memo. You have five (5) working days if you choose to include a written response.