

Teacher Intervention Plan

Teacher: _____ Assignment/Grade: _____ EID#: _____

Evaluator: _____ Campus Name: _____

Performance Area <i>Domain(s)/ Indicator(s) from TEI Performance Rubric</i>	Performance-Improvement Activities <i>Directives for Changes</i>	Indicators of Success <i>Evidence that will be used to determine if teacher/professional behavior has changed</i>	Start Date	End Date

My evaluator, principal, and I have discussed this Intervention Plan. My signature does not indicate whether I agree or disagree with this plan.

Employee Signature Date

Principal's Signature (if principal is not the evaluator) Date

Evaluator's Signature Date

Teacher Intervention Plan: Completion Review

Teacher: _____ Assignment/Grade: _____ EID#: _____

Evaluator: _____ Campus Name: _____

This plan has been successfully completed (circle or highlight): Yes No

Performance Area <i>Domain(s)/ Indicator(s) from TEI Performance Rubric</i>	Evidence of <u>Successful</u> Completion	Evidence of <u>Unsuccessful</u> Completion	Further Action to be Taken

My evaluator, principal, and I have discussed this Intervention Plan. My signature does not indicate whether I agree or disagree with this plan.

Employee Signature Date

Principal's Signature (if principal is not the evaluator) Date

Evaluator's Signature Date