

CENTRAL UNIFIED SCHOOL DISTRICT

CONTINUUM OF TEACHING PRACTICES SUPPORT PLAN

Emerging (2) / Combination of Emerging and Exploring (3) within ONE CSTP

Teacher Name: _____ **Date:** _____

School: _____ **Grade/Subject:** _____

The Continuum of Teaching Practices Support Plan is developed in **collaboration** with teacher and evaluator. This plan is directly linked to the Evaluation of Teaching Performance and therefore is reflective of the CSTPs and described through the Continuum of Teacher Practice.

CSTP Standard(s):				
CSTP Continuum Progress Goal(s):(take from specific CSTP rubric by standards)				
Emerging	Exploring	Applying	Integrating	Innovating
Teacher:				
Student:				
Action Plan				
Stage 1: First 2 months				
Date: _____				
Specific observed concerns:				

**initials may not necessarily indicate agreement with the contents of this Support Plan.*

Approved: 10/2/2015 – Certificated Evaluation Committee

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Stage 1 plan to improve (who will be involved in plan, what resources are needed for successful improvement, how will progress be monitored):

Support session notes and dates for Stage 1:

Date: _____

Date to reevaluate plan: _____

Admin initials _____ Teacher initials _____

Stage 2: Months 3 - 5

Date: _____

Current Status: (Where are you now?)

What's working?

What's not working?

Stage 2 plan to improve (who will be involved in plan, what resources are needed for successful improvement, how will progress be monitored):

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Support session notes and dates for stage 2:

Date: _____

Date to reevaluate plan: _____

Admin initials _____ Teacher initials _____

Stage 3: End of Year

Date: _____

Support Plan Completed?

Yes, completed on: _____
Date

No, plan continues into next school year _____
School Year

Where are you now?

What is working?

What is not working?

Stage 3 plan to improve (who will be involved in plan, what resources are needed for successful improvement, how will progress be monitored):

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Support session notes and dates for stage 3:

Date: _____

Support Plan Completed?

Yes, completed on: _____
Date

No, PAR Begins Next School Year _____
School Year

Admin initials _____ Teacher initials _____

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