

|  |  |  |  |
| --- | --- | --- | --- |
| Employee’s Name | Click here to enter name | Position | Enter position |
| School | Click here to enter school | Years in current assignment | Enter years |
| Department | Click here to enter department | Years in Nebo | Enter years |
| Administrator/ Supervisor | Click here to enter administrator/supervisor | Date Initiated | Click to choose date. |

**DEFICIENCIES**

(specific, measurable, actionable)

|  |
| --- |
| Click here to enter text. |

I have seen and understand the list of deficiencies above and they have been personally discussed with me. (Employee initial) \_\_\_\_\_\_\_\_\_

**AVAILABLE RESOURCES**

|  |
| --- |
| Click here to enter text. |

I have seen and understand the list of resources available to me and understand that it is my responsibility to access them. (Employee initial) \_\_\_\_\_\_\_\_\_

**RECOMMENDED COURSE OF ACTION**

|  |
| --- |
| Click here to enter text. |

I have seen and understand the Recommended Course of Action and it has been discussed with me.

 (Employee initial) \_\_\_\_\_\_\_\_\_

**REQUIRED OUTCOMES**

(specific, measurable, actionable outcomes linked to list of Deficiencies above)

|  |
| --- |
| Click here to enter text. |

I have seen and understand the list of Required Outcomes and it has been discussed with me.

 (Employee initial) \_\_\_\_\_\_\_\_\_

**REEVALUATION / FINAL DETERMINATION**

The principal/supervisor is responsible to gather formal and informal observation data before the Final Determination date. The Final Determination date must be set to determine whether the Plan of Assistance has been completed satisfactorily. This date must allow sufficient time for the employee to successfully complete this Plan and shall not exceed 120 school days from the date this Plan was officially discussed with the employee.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Deficiency 1: | Enter deficiency. | Completion Date: | Click to choose a date. |
|  |  |  |
| Deficiency 2: | Enter deficiency. | Completion Date: | Click to choose a date. |
|  |  |  |
| Deficiency 3: | Enter deficiency. | Completion Date: | Click to choose a date. |
|  |  |  |
| Deficiency 4: | Enter deficiency. | Completion Date: | Click to choose a date. |
|  |  |  |
| Deficiency 5: | Enter deficiency. | Completion Date: | Click to choose a date. |
|  |  |  |
| Deficiency 6: | Enter deficiency. | Completion Date: | Click to choose a date. |
|  |  |  |
| Deficiency 7: | Enter deficiency. | Completion Date: | Click to choose a date. |
|  |  |  |
| Deficiency 8: | Enter deficiency. | Completion Date: | Click to choose a date. |
|  |  |  |
| Deficiency 9: | Enter deficiency. | Completion Date: | Click to choose a date. |
|  |  |  |
| Deficiency 10: | Enter deficiency. | Completion Date: | Click to choose a date. |
|  |
| FINAL DETERMINATION DATE: | Click to choose a date. |  |
|  |
| I understand that I must successfully complete the above Course of Action by the Final Determination Date. (Employee initial) \_\_\_\_\_\_\_\_\_ |
|  |
| I understand that my principal/supervisor will determine if I have successfully completed the above Course of Action by the Final Determination date. (Employee initial) \_\_\_\_\_\_\_\_\_ |
|  |
| I have been informed of my right to have a review of the Summative Evaluation.. (Employee initial) \_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| # | Number of additional documents attached. |

 (Employee initial) \_\_\_\_\_\_\_\_\_

I have seen and understand this Plan of Assistance and it has been personally discussed with me.

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal/Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cc. Director of Human Resources

cc. Director of Choose a department

cc. District Personnel File