# Educator Improvement and Remediation Plan

Tier 1_____
Structured Support

Tier 2_____
Supervisory Assistance

Tier 3_____
Intensive Assistance

Evaluatee: _____ School: _____

Start Date: _____ End Date: _____

Evaluator: _____

Area of Concern : **Formal written notice of need of support to the staff member must be attached to this document.. This notice must be specific as to what the domains and concerns are and why support is needed.*

Plan of Action : (maximum 2 goals with up to 3 indicators each)

| Goal/ Indicators (projected completion date) | ACTION STEPS | DATA COLLECTION | TIMELINE |
|---|---|---|---|
| | | | |
| | | | |

**Resolution** Upon completion of the above plan, indicate the outcome below (check one)

- ☐ Successful
- ☐ Progressing
- ☐ Unsatisfactory

**Evaluatee's Signature: _____ Date: _____**

**Evaluator's Signature: _____ Date: _____**

**Bargaining Unit Representative Signature: _____ Date:_____**