**Plan III --- Specific Staff Development**

**Awareness Phase --- Final Summary Form**

Teacher:       Date:

|  |
| --- |
| Specific Concerns:       |

Administrative Recommendation(s):

[ ]  Plan II

[ ]  Assistance Phase

Next Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cc: Personnel file

* + Prior to placement in the Assistance Phase an additional administrator from central office will observe the teacher.