**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.