

Intensive Assistance Plan Identification of Concern – Awareness Phase

Yellow Boxed spaces are in Microsoft word. Just insert text and box will expand to fit size of text.

Teacher:		Date:	
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Date(s) of Informal Discussions:
Identification of Specific Concern(s) Related to the following Iowa Teaching Standards:
Information and Evidence Documenting the Specific Concern(s):
Actions to be taken: <i>(Additional rows may be inserted using the table feature)</i>
Timeline
Expected Progress Indicators:
Expected Outcomes:
Continuation of Career Development Plan: (Circle one) Yes No
Next Meeting Date:

Teacher Signature		Principal/Evaluator Signature	
Date		Date	

*Signature of the teacher does not indicate that the teacher agrees with the content of the review, only that they have received a copy.

Intensive Assistance Plan Plan of Assistance – Assistance Phase

Yellow Boxed spaces are in Microsoft word. Just insert text and box will expand to fit size of text.

Teacher:		Date:	
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Specific Concern(s) Related to the Following Iowa Teaching Standards: <i>Text boxes are in Microsoft word. Just insert text in yellow text boxes and the box will expand to fit size of text.</i>
Plan (Methods/Strategies):
Proposed Timeline:
Indicators of Progress:
Resources/Support Needed:
Next Meeting Date:

Teacher Signature		Principal/Evaluator Signature	
Date		Date	

- Signature of the teacher does not indicate that the teacher agrees with the content of the review, only that they have received a copy.