

***PROFESSIONAL INTERVENTION PLAN***

**Teacher’s Name: School:**

**Grade/Subject: Date of Conference:**

| **Concerns/Evidence** | **Expectations** | **Suggested Resources/Support** | **Time Line** | **How Improvements Will Be Measured** |
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\* Informal and Formal Observations will be conducted to assess improvements in practice during this intervention plan.

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| I am aware of the concerns that have been shared with me by my supervisor and I participated in the development of this Intervention Plan. If after thirty-days (30) improvements are not made, I understand that the Principal may request that I be placed “On-Cycle” and observations will be part of my evaluation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee’s Printed Name Employee’s Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor’s Printed Name Supervisor’s Signature Date |