

Intent: This form is to be completed by the supervisor when deficiencies, problem areas, or areas for assistance consistent with "continuous improvement" have been identified. This form can also be used for teacher initiated support.

Sunnyvale School District TEACHER SUPPORT PLAN

TEACHER: _____

SUPERVISOR: _____

DATE: _____

LOCATION: _____

(Up to three areas of needed improvement or focus can be described with any one form.)

FIRST AREA OF NEEDED IMPROVEMENT OR FOCUS:

CSTP:

DOCUMENTED EVIDENCE:

RECOMMENDATIONS AND ASSISTANCE (may include evidence of completion):

ADDITIONAL DIRECTIVE(S):

SECOND AREA OF NEEDED IMPROVEMENT OR FOCUS (if necessary):

CSTP:

DOCUMENTED EVIDENCE:

RECOMMENDATIONS AND ASSISTANCE (may include evidence of completion):

ADDITIONAL DIRECTIVE(S):

COMMENTS:

Evaluator's Signature

Date

Evaluatee's Signature

Date

(Indicates receipt of Support Plan, not necessarily agreement).

Date for follow-up meeting: _____