Washington West Supervisory Union

**Intensive Assistance Plan**

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject Area/Grade:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervising Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area(s) of Concern – Identified by Domain and Component:

Specific Level of Performance Expected:

Resources/Supports/Interventions Needed:

Method(s) of Evaluation

Timeline:

Quarterly Review #1 Date \_\_\_\_\_\_\_\_\_\_\_\_

Quarterly Review #2 Date \_\_\_\_\_\_\_\_\_\_\_\_

Quarterly Review #3 Date \_\_\_\_\_\_\_\_\_\_\_\_

Final Review and Completion Date \_\_\_\_\_\_\_\_\_\_\_\_

Teacher Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

Administrator Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_