

Intervention Program

Required form for educators at the Professional Level who do not continue to meet all the critical performance elements and are placed in the Intervention Program. The Pre and Post Observation Conference forms for the provisional level teacher may be used for teachers on an Intervention Plan.

DISTRICT:

SCHOOL:

EDUCATOR'S NAME:

CURRENT SUBJECT/GRADE LEVEL: /

SUPERVISOR'S NAME:

DATE OF ENTRY INTO INTERVENTION PROGRAM:

SIGNATURE OF EDUCATOR:

SIGNATURE OF SUPERVISOR:

Professional Performance Elements to be improved:

Recommendations:

Schedule of Observations:

Supervisor's Summary:

DATE OF COMPLETION OF INTERVENTION PROGRAM:

SIGNATURE OF TEACHER:

DATE:

SIGNATURE OF SUPERVISOR:

DATE: