Plans to Support Continuous Improvement

Focused Support Plan The Focused Support Plan is not documented in the county personnel file.					
Educator:	Evaluator:				
School:	County:				
Grade/Content:	Conference Date:				
End Date:	Progress Assessment Date:				
Area(s) of concern and evidence:					
Expectations and Goals of Focused Support Plan:					

Plans to Support Continuous Improvement

Focused S	Focused Support Plan			
Support to be given (check those that apply): Professional Development Mentoring Coaching Instructional Support	□ Peer Observation□ Programs of Study□ Other Supports			
Explain support to be given:				
Focused Support Plan Timeline:				

Plans to Support Continuous Improvement

Plan Agreement

my signature below signifies my understanding of the expectat	ions in the above plan as described.
Educator's Signature:	Date:
My signature below signifies my careful review of the above place expectations within the plan and agree to provide support.	an with the educator, and I have clearly communicated my
Evaluator's Signature:	Date:

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		Foc	used Support Plan Comple	tion					
	Standard met. The educator is no longer on a Focused Support Plan.		Adequate progress. The educator will complete another Focused Support Plan.		Inadequate progress. An evaluation is completed. The educator is being placed on a Corrective Action Plan.				
Exp	Explain the above statement:								
Educa	ator's Signature:				Date:				
-,,_1-	ator's Signature:				Date:				