



# Form 12: Remediation Plan for a Tenured Teacher Rated "Unsatisfactory"

Name: \_\_\_\_\_ Supervisor/Evaluator: \_\_\_\_\_

Date of RP: \_\_\_\_\_ Within 30 School Days of receiving an Unsatisfactory rating

<b>Areas of Improvement:</b>		<b>Rationale for Area(s) of Improvement:</b>		
<b>Domain/Component:</b>	<b>Expectations for Effective Teaching:</b>			
Limit to 3 components	Taken from a review of the <i>Framework for Teaching</i> and District Indicators of effective practice			
<b>Improvement Strategies:</b>	<b>Tasks to complete:</b>	<b>Supports and Resources:</b>	<b>Target Date:</b>	<b>Date of Completion:</b>
Specific and directed actions taken to address the areas identified as unsatisfactory		<i>Human/Material/Time/Prof Development/other</i>		

<b>Domain/Component:</b>	<b>Indicator of Progress:</b>
Taken and repeated from above	Data/artifacts/observation records/other sources appropriate to the improvement area

<b>Evaluator:</b> (signature)		<b>Teacher:</b> (signature)	
<b>Date:</b>		<b>Date:</b>	

\*Signatures indicate the plan above was developed by the evaluator.

Teacher completion of Remediation Plan: Yes  No

<b>Evaluator:</b> (signature)		<b>Teacher:</b> (signature)	
<b>Date:</b>		<b>Date:</b>	

\*The teacher's signature does not necessarily indicate agreement with the contents, but does acknowledge that the evaluation meeting occurred and that a copy of this remediation plan was received.