**MSD of Washington Township  
Formal Plan of Assistance**

|  |  |
| --- | --- |
| Teacher |  |
| Evaluator |  |

Type of Assistance Plan:  *Improvement Necessary*  *Ineffective*

If a teacher’s Summative Performance level is ***Improvement Necessary***, the evaluator will determine if the teacher’s overall performance or performance on selected expectations requires a formal Plan of Assistance.

If a teacher’s summative performance level is ***Ineffective***, the evaluator will meet with the teacher to determine a formal Plan of Assistance.

If, during a Performance Expectations Reflective Conference, it is determined that there is a significant lack of proficiency in any domain area or specific teacher performance expectations have been rated as ***Ineffective*,**then the teacher and administrator will:

1. Schedule a Mid-Year Conference to develop and implement a formal Plan of Assistance.
2. Review what will occur at the Mid-Year Conference.

A Plan of Assistance shall be established between the evaluator and the teacher to include the following:

|  |  |
| --- | --- |
| **Plan Components** | **Action/Comments** |
| 1. Note the specific performance expectation(s) not being met. Refer to the appropriate Teacher and Student Evidence associated with the referenced performance expectations. |  |
| 1. Refer to the appropriate Teacher and Student Evidence (Rubric with Evidences) associated with the identified performance expectations addressed in this plan. Make additions to or clarify evidence in order to assist the teacher in meeting the expectations of the Plan of Assistance. Note below the Teacher/Student evidences to be addressed. |  |
| 1. Note the system that will be used to monitor this Plan of Assistance. Examples: *increased number of classroom walk-throughs, formal or informal observations; methods of collecting feedback from teacher on assigned reading; scheduled follow-up meetings; manner that teacher may submit written evidence or examples of student work.* |  |
| 1. Note the resources and support that will be extended to the teacher to assist in meeting the expectations of the Plan of Assistance. Support may include the services of a fellow teacher to serve as a classroom observer (non-evaluative), coach or mentor. |  |
| 1. Note the date by which the plan must be completed, up to 90 school days. |  |
| 1. If the teacher’s requirements to meet the expectations of the Plan of Assistance include participation in professional development activities, note below the nature of the activities, the expected time to be spent in or on the activities, and how feedback and reflection following the activities will be reported to the evaluator. Also note the anticipated Professional Growth Points for license renewal that will be applicable at the conclusion of the PD activities. |  |
| 1. Note any pre-scheduled progress meetings between the evaluator and the teacher during the duration of the Plan of Assistance.   **or**  Reference or clarify any supporting documents that may be attached to this Plan of Assistance. |  |

If the evaluator and the teacher cannot jointly establish the Plan of Assistance, the administrator shall do so unilaterally. The evaluator shall monitor the teacher's progress in following the plan and hold a conference with the teacher. At this conference (refer to conference form), the evaluator will:

If the status of the teacher is *Improvement Necessary -* make a judgment as to whether the teacher has progressed to a performance level of *Effective* or *Highly Effective* or will be required to have a Plan of Assistance for either *Improvement Necessary* or *Ineffective*.

If the status of the teacher is *Ineffective -* make a judgment as to whether the teacher will be recommended for renewal or non-renewal or be required to have a Plan of Assistance for either *Improvement Necessary* or *Ineffective*.

Whenever a teacher is required to have a Plan of Assistance, the building principal will inform the Director of Human Resources who will, in turn, inform the Association President.

**Signatures**

|  |  |
| --- | --- |
| This Plan of Assistance shall begin on |  |
|  | (Date) |
|  | |
| (Evaluator Signature) | |

I understand the expectations and provisions of this Plan of Assistance.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| (Teacher Signature) |  | (Date) |