

## Collaborative Intervention Plan Notice

### School Year 20

Name:	Principal	Career Administrator
School/Department:	Asst Principal	Provisional Administrator
	District Office	
	Intern	

A “NE- Not Effective” or an “ME- Minimally Effective” has been placed on the Monitoring and Feedback Report or the Annual Administrator Evaluation Report. A plan needs to be collaboratively developed which addresses the identified concern(s).

**The plan must be attached to this notice.**

The plan must include all of the following items:

1. Statement of specific concern/issues; reference the standards/indicators.
2. The evidence/reason for the concern(s).
3. The expected outcome(s) of the plan.
4. The time frame for the plan.
5. Evidence to meet the expected outcome(s).

Upon successful completion of the plan, the rating will be changed from an “NE” or an “ME” to an “E-Effective.”.

If additional time is needed for the plan, it can be extended by mutual agreement into the next school year. In this case, the “NE or ME” would remain on the Administrator Evaluation Report citing the new plan’s time frame.

If the plan outcome(s) are not met, the remediation process will be initiated as per the Written Understanding.

The Collaborative Intervention Plan Outcome form will be completed at the conclusion of the Collaborative Intervention Plan process.

\_\_\_\_\_  
Administrator’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor’s Signature

\_\_\_\_\_  
Date

# Collaborative Intervention Plan

## School Year 20

Name:	Principal	Career Administrator
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	District Office	
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Statement of specific concerns and issues as indicated on the Administrator Monitoring Report or Annual Evaluation Report:

1. Strategies to address concern/issue:
  
  
  
  
  
  
  
  
  
  
2. Expected outcome(s) of the plan:
  
  
  
  
  
  
  
  
  
  
3. Timeline with periodic review dates of progress:
  
  
  
  
  
  
  
  
  
  
4. Resources needed/available:
  
  
  
  
  
  
  
  
  
  
5. Evidence to meet the expected outcome(s):

Note: Signature indicates the administrator has read and is familiar with the Collaborative Intervention Plan.

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**Collaborative Intervention Plan Outcome**  
**School Year 20**

Name:	Principal	Career Administrator
	Asst Principal	Provisional Administrator
School:	District Office	
	Intern	
Date plan developed:		
End date:		

Recommendation of Supervisor:

Administrator has successfully completed the goal(s) of the plan and will return the (E) Effective Rating

Will continue on the Collaborative Intervention Plan with modifications.

Administrator has not satisfactorily completed the goal(s) of the Collaborative Intervention Plan, and will proceed with remediation as per the Written Understanding.

Note: Signature indicates the administrator has been informed of the outcome of the Collaborative Intervention Plan.

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date