

# Collaborative Intervention Plan Cover Sheet

An **NE** (Not Effective) or **ME** (Minimally Effective) rating has been placed on the Online Teacher Evaluation or Annual Teacher Evaluation Report. A plan needs to be collaboratively developed, which addresses the identified concern(s). A teacher who receives an NE or ME at the end of the year without having had an opportunity for a collaborative intervention plan for improvement shall be given that opportunity at the beginning of the following school year.

**The plan must be attached to this cover sheet. (See Collaborative Intervention Plan Template)**

The plan must include all of the following items:

1. Statement of specific concern/issue: reference the standard(s) and indicator(s).
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 **NE or ME** to **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 Teacher Evaluation Report citing the new plan time frame.

If the plan outcome(s) are not met, the rating of **NE or ME** will be placed on the Annual Teacher Evaluation Report and the Performance Assistance process will be initiated per the Written Agreement. The teacher or principal may complete a referral to the Peer Assistance and Review (PAR) panel for remediation intervention as an alternative to the traditional Performance Assistance and Remediation process.

The Outcome form will be completed at the conclusion.

## TEACHER INFORMATION

\_\_\_\_\_  
Teacher Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
School

## ACKNOWLEDGEMENT

\_\_\_\_\_  
Teacher's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's signature

\_\_\_\_\_  
Date

### 12.2 Performance Expectations (Written Agreement)

**12.2.2 Performance Assistance and Remediation.** Performance Assistance and Remediation shall be based on the teacher's performance in meeting the goals of the **collaboratively developed intervention plan** according to the provisions of ECAP.

# Collaborative Intervention Plan Template

## GOAL(S) OF PLAN

As related to specific indicator(s) in the Standards(s) as they relate to the area of concern as evidenced in the Administrator Monitoring Report.

## STRATEGIES TO ACCOMPLISH GOAL(S)

## TIMELINE WITH PERIODIC REVIEW DATES OF PROGRESS

## RESOURCES AVAILABLE

## OBSERVABLE OUTCOMES

## ACKNOWLEDGEMENT

\_\_\_\_\_  
Teacher's signature  
(Signature indicates the teacher has read and is familiar with the Collaborative Intervention Plan)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's signature

\_\_\_\_\_  
Date

# Collaborative Intervention Plan Survey Request (Optional)

When an **NE** (Not Effective) or **ME** (Minimally Effective) has been placed on the Administrator Monitoring Form or the Annual Teacher Evaluation Report, the administrator may request specific data sources when a concern has developed as part of the Collaborative Intervention Plan. One such data source may be either a Student or Parent Survey. Human Resources will coordinate the administration of the survey, and the results will be shared with the administrator and the educator.

All administrator survey requests should be made on this form, completed, and signed by both the administrator and the teacher, including phone numbers and e-mail addresses in a separate document. Contact Human Resources at 801.578.8343 for scheduling and administering the survey.

## TEACHER INFORMATION

\_\_\_\_\_  
Teacher Name

\_\_\_\_\_  
School

\_\_\_\_\_  
Date

### Student Survey Requested:

\_\_\_\_\_  
Number of Students

\_\_\_\_\_  
Class/Grade

### Parent Survey Requested:

\_\_\_\_\_  
Number of Students

\_\_\_\_\_  
Class/Grade

## ACKNOWLEDGEMENT

\_\_\_\_\_  
Teacher's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's signature

\_\_\_\_\_  
Date

# Collaborative Intervention Plan Outcome

## TEACHER INFORMATION

\_\_\_\_\_

Teacher Name

\_\_\_\_\_

School

\_\_\_\_\_

Date

## PLAN OUTCOMES

\_\_\_\_\_

Date plan developed

\_\_\_\_\_

Date plan completed

## RECOMMENDATION OF ADMINISTRATOR

- Teacher has successfully completed the goal(s) of the plan and will return to an **E** (Effective) rating. The teacher must maintain effective performance in the area(s) of concern identified in the collaborative intervention or will be moved to performance assistance.

Teacher has not satisfactorily completed the goal(s) of the Collaborative Intervention Plan. The following recommendation is made:

- Teacher will continue on Collaborative Intervention Plan with modifications.
- Teacher has not satisfactorily completed the goal(s) of the Collaborative Intervention Plan and will receive an **NE** or **ME** rating on the Annual Teacher Evaluation Report. Select one of the options below and contact Human Resources.

\_\_\_\_\_ Proceed with Performance Assistance per the Written Agreement.

\_\_\_\_\_ Teacher intends to submit a self-referral to the Peer Assistance and Review (PAR) panel.

\_\_\_\_\_ The Principal intends to submit a referral to the Peer Assistance and Review (PAR) panel.

Make sure to read and sign the PAR remediation intervention process procedures, and referral forms available on the Human Resources website if selecting a referral to PAR.

## ACKNOWLEDGEMENT

\_\_\_\_\_

Teacher's signature

\_\_\_\_\_

Date

\_\_\_\_\_

Administrator's signature

\_\_\_\_\_

Date