Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date concern was received: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Notification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Verification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Statement of concern with the specific area of rubric identified:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Plan:

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| --- | --- | --- | --- | --- | --- |
| **AREA OF CONCERN** | **ACTION** | **BY WHOM** | **BY WHEN** | **WHERE** | **SUCCESS INDICATOR** |
|  |  |  |  |  |  |
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Signature of Teacher Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Evaluator Date

cc: Personnel file