

TEACHER EVALUATION REMEDIATION PLAN
(To be completed within 10 days of an unsatisfactory rating)

| Participant Names/Title | |
|-------------------------|----|
| 1) | 2) |
| 3) | 4) |
| 5) | 6) |
| 7) | 8) |

Area in Need of Improvement:

Methods, Resources, & Time Frame to
Address Area in Need of Improvement:

**Additional
Resources
Needed:**

**Updates:
Mid-point
(45 days)**

Area in Needs of Improvement:

Methods, Resources, & Time Frame to
Address Area in Need of Improvement:

**Additional
Resources
Needed:**

**Updates:
End-point
(every 90 days)**

Evaluation Date during the 20__ - 20__ School Year:

Administrator Signature / Date

Teacher Signature / Date