

# Collaborative Intervention Plan Cover Sheet



An **"N"** (Needs Attention) has been placed on the Administrator Monitoring Report or Annual Teacher Evaluation Report. A plan needs to be collaboratively developed, which addresses the identified concern(s).

**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 domain(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 an **"N"** to a **"P"** (Professional Performance).

If additional time is needed for the plan, it can be extended by mutual agreement into the next school year. In this case, the **"N"** would remain on the Teacher Evaluation Report citing the new plan time frame.

If the plan outcome(s) are not met, the rating of **"U"** (Unsatisfactory) will be placed on the Teacher Evaluation Report and the Performance Assistance process will be initiated as per the Written Agreement.

The Outcome form will be completed at the conclusion.

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## TEACHER INFORMATION

Teacher Name	Position	School
<input type="text"/>	<input type="text"/>	<input type="text"/>

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## ACKNOWLEDGEMENT

<input type="text"/>	<input type="text"/>
Teacher's signature	Date
<input type="text"/>	<input type="text"/>
Administrator's signature	Date

# Collaborative Intervention Plan Template



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## GOAL(S) OF PLAN

As related to specific criteria/standard(s) in the Domain(s) as they relate to the area of concern as evidenced in the Administrator Monitoring Report.

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## STRATEGIES TO ACCOMPLISH GOAL(S)

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## TIMELINE WITH PERIODIC REVIEW DATES OF PROGRESS

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## RESOURCES AVAILABLE

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## OBSERVABLE OUTCOMES

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## 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 “N” (Needs Attention) 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. The required survey will be administered by Human Resources, 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Student Survey Requested

Number of Students	Class/Grade
<input type="text"/>	<input type="text"/>

### Parent Survey Requested

Number of Students	Class/Grade
<input type="text"/>	<input type="text"/>

## ACKNOWLEDGEMENT

<input type="text"/>	<input type="text"/>
Teacher's signature	Date
<input type="text"/>	<input type="text"/>
Administrator's signature	Date

# Collaborative Intervention Plan Outcome



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## TEACHER INFORMATION

Teacher Name	School	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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## PLAN OUTCOMES

Date plan developed	Date plan completed
<input type="text"/>	<input type="text"/>

## Recommendation of Administrator

- Teacher has successfully completed the goal(s) of the plan and will return to a Professional Performance rating “**P**”. The teacher must maintain satisfactory professional performance 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. Will receive a “**U**” rating and proceed with Performance Assistance per the Written Agreement.

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## ACKNOWLEDGEMENT

<input type="text"/>	<input type="text"/>
Teacher’s signature	Date
<input type="text"/>	<input type="text"/>
Administrator’s signature	Date