

**WEST BATON ROUGE PARISH SCHOOL SYSTEM
INTENSIVE ASSISTANCE PLAN**

Evaluatee _____

Position _____

Evaluator _____

Position _____

Assistance Level: **Level 1** **Level 2** (Circle Level)

Beginning Date _____

Expected Completion Date _____

Reason(s) for Intensive Assistance:

Activities to Strengthen Performance:

Assistance/Support/Resources to be Provided:

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Anticipated Improvement Objective(s):

Criteria for Evaluation:

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Action to be taken or recommendation to be made if improvement is unacceptable or not demonstrated:

Evaluatee's Signature
(At the beginning of Intensive Assistance)

Date

Evaluator's Signature
(At the beginning of Intensive Assistance)

Date

Evaluator's Recommendation: (Made at the completion of the Intensive Assistance Plan at either Level 1 or Level 2)

Evaluatee's Signature
(At the completion of Intensive Assistance)

Date

Evaluator's Signature
(At completion of Intensive Assistance)

Date

This signature is an indication that the reason for the conference has been clearly explained. It does not indicate agreement or disagreement with the outcome. I understand that I have a right to provide a written statement to provide additional documentation that will be attached to this report.