



**Cleveland Heights-University Heights City Schools Evaluation  
Intervention Support Program  
Plan of Action**

Teacher \_\_\_\_\_ Date \_\_\_\_\_ Evaluator \_\_\_\_\_

Coach \_\_\_\_\_ School \_\_\_\_\_

**This form is required to be completed when a teacher’s performance is considered to be less-than-satisfactory as indicated on the 1<sup>st</sup> Evaluation form 3:18. The evaluator, coach, and teacher will collaboratively target domains and components, establish objectives, agree on the timeline, and define the roles and responsibilities of the triad. This plan will then be submitted to Human Resources.**

**I. Targeted DOMAINS AND COMPONENTS:**

**II. OBJECTIVE(s) for performance improvement:**

**III. IMPLEMENTATION TIMELINE:**

**IV. ROLES and RESPONSIBILITIES:**

_____ <b>Teacher Signature</b>	_____ <b>Date</b>
_____ <b>Coach Signature</b>	_____ <b>Date</b>
_____ <b>Evaluator Signature</b>	_____ <b>Date</b>

**Distribution: 1 copy Coach 1 copy Teacher 1 copy Evaluator 1 copy to Director of Human Resources**



**Cleveland Heights-University Heights City Schools Pilot Evaluation  
Intervention Support Program**

**PLAN OF ACTION  
CONFERENCE SUMMARY FORM**

**Objective(s) for Performance Improvement: Domains and Components**

**Conference Notes:**

**Status of the Plan of Action:**

**Future Strategies:**

\_\_\_\_\_  
**Teacher's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Coach's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Evaluator's Signature**

\_\_\_\_\_  
**Date**

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CH-UH Schools

Teacher Performance Assessment