**Form F1: Vermilion Association for Special Education Teacher Remediation Plan for Unsatisfactory (1)**

Teacher: Click here to enter text. Evaluator: Click here to enter text. School/Position:Click here to enter text.

Consulting Teacher:Click here to enter text. Date of Performance Evaluation Rating (Summative): Click here to enter a date.

Date of Remediation Plan Implementation:Click here to enter a date. Date of Remediation Plan Conclusion:Click here to enter a date.

**Required Areas for Corrections** (highlighted)

|  |  |  |  |
| --- | --- | --- | --- |
| **Conversation Components** | | **Observable Components** | |
| ***Domain 1***  ***Planning and Preparation*** | ***Domain 4***  ***Professional Responsibilities*** | ***Domain 2***  ***Classroom Environment*** | ***Domain 3***  ***Instruction*** |
| 1A. Knowledge of Content and Pedagogy  1B. Knowledge of Students  1C. Setting Instructional Outcomes\*  1D. Knowledge of Resources  1E. Designing Coherent Instruction\*  1F. Designing Student Assessments\* | 4A. Reflecting on Teaching  4B. Maintaining Accurate Records  4C. Collaborating with Stakeholders  4D. Participating in a Professional Community  4E. Growing and Developing Professionally  4F. Showing Professionalism | 2A. Creating an Environment of Respect and Rapport  2B. Establishing a Culture for Learning\*  2C. Managing Classroom Procedures  2D. Managing Student Behavior  2E. Organizing Physical Space | 3A. Communicating with Students\*  3B. Using Questioning and Discussion Techniques\*  3C. Engaging Students in Learning\*  3D. Using Assessment in Instruction\*  3E. Demonstrating Flexibility and Responsiveness |

\*These components specifically align with implementation of the Common Core State Standards.

**Performance Chart**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Component** | **Directives for Improvement** | **Supports and Resources**  (include activities, personnel, training, etc., needed to complete strategies) | **Measurement of Objectives** | **Progress Review** (Date) | **Component**  **Remediated**  **(Yes/No)** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. | Choose an item. |

The intent of this Remediation Plan is to assist the teacher in improving performance to an overall rating of *Proficient* or better as designated by the State Statute.

**Form F1: Vermilion Association for Special Education Teacher Remediation Plan for Unsatisfactory (2)**

**Beginning Evaluation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluator Signature

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

Teacher Signature Consulting Peer’s Signature

**Progress Summary:**

Click here to enter text.

**Midpoint Evaluation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator Signature

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

Teacher Signature Consulting Peer’s Signature

**Progress Summary:**

Click here to enter text.

**Final Evaluation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator Signature

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

Teacher Signature Consulting Peer’s Signature