**Form F2: Vermilion Association for Special Education Specialist 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 Improvement** (Evaluator fill in the components)

|  |  |
| --- | --- |
| **Conversation Components** | **Observable Components** |
| ***Domain 1*** ***Planning and Preparation*** | ***Domain 4*** ***Professional Responsibilities*** | ***Domain 2*** ***The Environment***  | ***Domain 3*** ***Delivery of Service*** |
| Click here to enter text. |  4A. Reflecting on Teaching 4B. Maintaining Accurate Records 4C. Communicating with Families 4D. Participating in a Professional Community 4E. Growing and Developing Professionally 4F. Showing Professionalism | Click here to enter text. |   |

**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 F2: 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