

# Teacher Assessment: Action Plan Form

Name \_\_\_\_\_

Date \_\_\_\_\_

Please fill out the following information. Leave this copy with the office today for review. Your copy will be mailed to you within two weeks. Thank you.

1. My action plan will be: (check one)

\_\_\_\_\_ Initiation (for new teachers to the conference only)

*These cycle can be done in any order you choose. This is an upward spiraled continuum:*

\_\_\_\_\_ Cycle One

\_\_\_\_\_ Cycle Two

\_\_\_\_\_ Cycle Three

\_\_\_\_\_ I have chosen to personalize my assessment plan and I have included the Personalized Assessment Deviation Request Form with this plan.

2. Please set a projected time frame for you to accomplish each item in your cycle.

Choice of plan	Item #	Projected Month for Completion	Actual Completion Date

For Office use only: \_\_\_\_\_ Approved \_\_\_\_\_ Need more information ( See notations)

Date \_\_\_\_\_ Superintendent's / Associate's signature \_\_\_\_\_