

**Appendix D:  
Plan of Assistance  
Personal and Professional Development (Pt. 1)**

S = Strong                      A = Acceptable                      NI = Needs Improvement

- |     |   |           |
|-----|---|-----------|
| 1.  | Works cooperatively with supervisors, teachers, and other staff.  | 1. _____  |
| 2.  | Completes assigned teaching tasks/duties/assignments promptly, responsibly and with acceptable quality.                               | 2. _____  |
| 3.  | Accepts constructive critiques and applies information for professional growth and improvement.                                       | 3. _____  |
| 4.  | Exhibits flexibility in dealing with children, families, and staff.   | 4. _____  |
| 5.  | Uses appropriate and professional written and spoken language.  | 5. _____  |
| 6.  | Promptly uses appropriate channels for solving interpersonal or professional conflicts or concerns.                                   | 6. _____  |
| 7.  | Maintains appropriate professional appearance and demeanor.   | 7. _____  |
| 8.  | Maintains and respects confidentiality and rights to privacy of students, families, and colleagues, in all professional interactions. | 8. _____  |
| 9.  | Demonstrates sensitivity to and acceptance of the diverse cultural backgrounds of students and families.                              | 9. _____  |
| 10. | Demonstrates instructional professionalism in classroom teaching behaviors as evaluated by supervisor(s).                             | 10. _____ |

**Notes/Comments:**

**Employee Name/Signature:**  
**Evaluator Name/Signature:**

**Date:**  
**Date:**

## Plan of Assistance that Clarifies Expectations and Support for Employee (Pt. 2)

| Goals To Be Met | As Measured By | Assistance To Be Provided | Person Providing Support |
|-----------------|----------------|---------------------------|--------------------------|
|                 |                |                           |                          |

### **Agreement for Professional Development**

Development and efforts toward attaining goals is expected to begin on this date: \_\_\_\_\_ with periodic reviews by \_\_\_\_\_ (name of person responsible for providing support). Reviews and consultation will occur on this schedule: \_\_\_\_\_.

**Supervisor/Date:**

**Employee Signature/Date:**

**Mentor/Supervisor/Date:**