

## Notification of Unsatisfactory Performance & Plan of Assistance

Employee: \_\_\_\_\_

Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

Your supervisor is charged with the responsibility for making the initial recommendation concerning your future employment status with U.S.D. 464 Tonganoxie Public Schools. This form constitutes official notice from your immediate supervisor that your performance in the area(s) indicated has been determined to be unsatisfactory.

### UNSATISFACTORY AREAS REQUIRING IMPROVEMENT:

1.

2.

3.

Plan of action and resources recommended for corrective action:

Evidence of sufficient improvement will include:

Target date for completion of assistance plan: \_\_\_\_\_

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date