

**Tonganoxie Public Schools  
Notification of Unsatisfactory  
Performance**

Teacher: \_\_\_\_\_

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

Evaluation Period: \_\_\_\_\_

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.

**AREAS REQUIRING IMPROVEMENT:**

- 1.
  
- 2.
  
- 3.

**THIS NOTIFICATION HAS BEEN DISCUSSED WITH THIS CERTIFIED EMPLOYEE. THE EMPLOYEE ACKNOWLEDGES THE RECEIPT OF THIS FORM. A PLAN OF ASSISTANCE WILL BE DEVELOPED WITH THE TEACHER EXPECTED TO BE INVOLVED IN THE DEVELOPMENT OF THE PLAN.**

Date/Time of the Action Plan Development Meeting: \_\_\_\_\_ Date: \_\_\_\_\_  
Time: \_\_\_\_\_

U.S.D. #464 Tonganoxie Public Schools' Plan of Assistance for the above teacher is to be developed jointly between the teacher and the building administrator. The teacher will bring ideas to the Action Plan Development Meeting for the area(s) of Unsatisfactory Performance. The ideas must include, but are not limited to the following: 1) Proposed corrective actions which will improve the teacher's performance; 2) Actions which reflect evidence of sufficient improvement in the unsatisfactory area(s).

\_\_\_\_\_  
Teacher's Signature/Date

\_\_\_\_\_  
Evaluator's Signature/Date

The signature on this form does not necessarily indicate agreement. As soon as this document has been developed a copy will be given to the employee, the primary evaluator, and the Assistant Superintendent for Human Resources.

**Tonganoxie Public Schools  
Plan of Intensive Assistance**

Staff Member: \_\_\_\_\_ School: \_\_\_\_\_

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

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

Unsatisfactory areas(s) requiring improvement:

Plan of action and resources recommended for corrective action:

Evidence of sufficient improvement will include:

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

**Evaluator should complete this section after assistance plan has been completed**

Summary of progress of assistance plan:

Recommendations

- ( ) 1. Return to regular evaluation cycle.
- ( ) 2. Continue Intensive Assistance for a specific agreed upon time.
- ( ) 3. Initiate non-renewal procedures (non-tenured).
- ( ) 4. Initiate termination procedures (tenured).

Signature of Teacher\* \_\_\_\_\_ Date \_\_\_\_\_

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

\* Signature indicates that a copy of this form was received and reviewed with the teacher. This does not necessarily indicate agreement.