

LAFAYETTE PARISH SCHOOL SYSTEM  
INTENSIVE ASSISTANCE PLAN

Evaluatee: \_\_\_\_\_  
Last First M. I. Position

Evaluator: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Check one:**

- This is the first level of assistance provided to evaluatee.
- This is the second level of assistance provided to evaluatee.\*  
\* The evaluator may go to the third level of assistance after evaluatee has shown significant progress in overcoming poor performance, but further improvement is required.
- This is the third level of assistance provided to the evaluatee.

Reasons for placement on Intensive Assistance Plan. Indicate the performance standards which the employee does not meet.

**Intensive Assistance Plan:**

A. Expected Outcome. Outline what the evaluatee needs to do to strengthen his/her performance. Include a statement(s) of the objective(s) to be accomplished and the expected levels of performance after improvement has occurred.

B. Assistance to be Provided. Outline what assistance or support will be provided to the evaluatee by the school district.

C. Procedures for Monitoring Progress and Timelines for Completion. Outline the date when the evaluatee is expected to achieve the objective(s) and the procedures use to monitor the evaluatee's progress.

**Monitoring Procedures:**

**Action To Be Taken If Improvement is Not Demonstrated:**

Plan will begin \_\_\_\_\_ Plan will be completed \_\_\_\_\_ Person designing plan \_\_\_\_\_  
Date Date Name

**Plan Prescription Verification:**

*We the undersigned understand the content of this plan. We understand that the evaluatee placed on an assistance plan must be provided with more than one opportunity to improve.*

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

Follow-up comments by evaluator after plan has been completed. Indicate if the objectives have been met. If not, indicate what action the evaluator plans to take.

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