

**EACS Teacher Effectiveness Rubric
Notification of Assistance Phase Placement**

School Year: _____ **School:** _____

Teacher: _____ **Administrator(s):** _____

Grade(s) and/or Subject Area(s): _____

Observation Dates:

#1: _____ #2: _____ #3: _____

#4: _____ #5: _____ #6: _____

#7: _____ #8: _____ #9: _____

#10: _____ #11: _____ #12: _____

Reason(s) for placement in Assistance Phase:

Specific objectives/outcomes agreed upon by the teacher and the administrator for improvement:

Specific criteria agreed upon by the teacher and the administrator to measure success/failure in meeting the objectives/outcomes.

Timeframe agreed upon by the teacher and the administrator to resolve the concern:

___ Corrective Actions to be completed during second half of the current school year.
Date – May 10, _____ (year)

___ Corrective Action to be completed by the end of the first half of the next school year.
Date – December 10, _____ (year)

Teacher: _____ **Date:** _____

Administrator: _____ **Date:** _____

Original to: Human Resources Office

Copies to: Teacher & Administrator(s)