

OHIO COUNTY SCHOOLS

EMPLOYEE ASSISTANCE RECORD

NAME:

| | | | | |
|--|--|--|--|--|
| Classroom Observation | | | | |
| Professional Growth Plan Developed | | | | |
| Request for Assistance Team | | | | |
| Assistance Team Selected | | | | |
| Principal/Supervisor/Teacher Meeting to explain assistance | | | | |
| 1st Meeting of Assistance Team | | | | |
| 2nd Meeting of Assistance Team | | | | |
| 3rd Meeting of Assistance Team | | | | |
| 4th Meeting of Assistance Team | | | | |
| Summative Evaluation | | | | |
| Conference with Superintendent and/or Attorney | | | | |
| Summative Conference with Employee | | | | |
| Termination Letter (if necessary) | | | | |

Signatures:

Dates

Principal _____

Team Members _____
