Teacher Intervention Plan Teacher: _____ Assignment/Grade: ____ EID#: ____ Evaluator: _____ Campus Name: Performance -Improvement Activities Indicators of Success Start Endm 4 Performance Area Directives for Changes Domain(s)/Indicator(s) from Evidence that will be used to determine if Date TEI Performance Rubric teacher/professional behavior has changed My evaluato r, principal, and I have discussed this Intervention Plan. My signature does not indicate whether I agree or disagree with t his plan. 3 U L Q F L S D O ¶ V 6 nlcip (a) 13 Workthub Helval Lualto (\$) l Employee Signature Date Date (YDOXDWRU¶V 6LJQDWXI Date

Teacher:	Assignment/Grade:	EID#:
Evaluator:	Campus Name:	
This plan has been suc	ccessfully completed (circle or highlight): Yes No	
Performance Area Domain(s)/ Indicator(s) from TEI Performance Rubric	Evidence of Successful Completion	