FN106

Natchitoches Parish School System
INTENSIVE ASSISTANCE PLAN

PRINT SAVE RESET

EMPLOYEE _____ POSITION/TITLE _____

EVALUATOR _____ POSITION/TITLE _____

ASSISTANCE LEVEL: LEVEL I _____ LEVEL II _____ LEVEL III _____

AREA(S) OF NEED

EFFECTIVE DATES: BEGINNING _____ ENDING _____

ACTIVITIES	ASSISTANCE TO BE PROVIDED	TIMELINE	MONITORING PROCEDURE

ACTION TO BE TAKEN IF IMPROVEMENT IS NOT DEMONSTRATED:

INITIAL:

EVALUATOR DATE

EVALUATEE DATE

FOLLOW-UP:

EVALUATOR DATE

EVALUATEE DATE

WHITE - PERSONNEL OFFICE YELLOW - EVALUATOR PINK - EVALUATEE