

**Chittenden East Supervisory Union
Intensive Assistance Plan**

Teacher's Name: _____

Date: _____

School: _____

Supervising Administrator: _____

Area(s) of Concern – Identified by Domain and Component:

Specific Level of Performance Expected:

Resources/Supports/Interventions Needed:

Method(s) of Evaluation

Timeline:

Midcourse Review Date _____

Completion Date _____

Teacher Signature _____

Date: _____

Administrator Signature _____

Date: