**Colchester School District**

**Notification of Unsatisfactory Performance**

Educator:

Administrator:

Date:

Your supervisor is charged with the responsibility for informing you of unsatisfactory performance in the following area (Circle applicable Domain): Notification must be given within two days of event being documented using this form only:

Domain 1: Planning and Preparation: Component/s: \_\_\_\_\_\_\_

Domain 2: The Classroom Environment: Component/s: \_\_\_\_\_

Domain 3: Instruction: Component/s: \_\_\_\_\_

Domain 4: Professional Responsibilities: Component/s: \_\_\_\_\_

Domain 5: Special Education: Component(s): \_\_\_\_\_\_

Domain 6: Nursing Department: Component(s): \_\_\_\_\_\_

|  |
| --- |
| Evidence:  |

This documents the 1st 2nd 3rd piece of unsatisfactory evidence collected on \_\_\_\_\_\_\_\_\_ during

 (Circle One) (Date)

a Formal Observation - Informal Observation - Documented notification from another source Observation.

*(see attached documentation)* (Circle One)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Teacher’s Signature/ Date (Administrator’s Signature/ Date)

***This notification has been discussed with the teacher. The teacher acknowledges the receipt of this form. The teacher’s signature represents that they received a copy and does not represent agreement***