*To ensure accessibility in accordance with the Americans with Disabilities Act (ADA),   
please use the down arrow key to navigate this tool.*

**Educator Information**

|  |  |
| --- | --- |
| Educator Name: Click here to enter text. | Assignment: Click here to enter text. |
| Evaluator Name: Click here to enter text. | Date: Click here to enter a date. |

*This tool is for the educator and evaluator to develop and implement an assistance plan as necessary*

*pursuant to NRS 391.695 (teachers) and 391.715 (administrators) as part of the Mid-Cycle Goals Review, but it may be completed earlier if appropriate.*

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| --- | --- |
| **Specific Concerns (Reference Standards and Indicators):** | **Resources/Support Needed:** |
| Click here to enter text. | Click here to enter text. |
| **Evaluator Assistance Actions:** | **Timeline:** |
| Click here to enter text. | Click here to enter text. |
| **Educator Actions:** | **Timeline:** |
| Click here to enter text. | Click here to enter text. |
| **Evidence of Progress:** | **Timeline:** |
| Click here to enter text. | Click here to enter text. |

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| Educator Signature: |  | Date: | Click here to enter a date. |
|  |  |  |  |
| Evaluator Signature: |  | Date: | Click here to enter a date. |