NEVADA EDUCATOR PERFORMANCE FRAMEWORK EDUCATOR ASSISTANCE PLAN TOOL

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 a pursuant to NRS 391.695 (teachers) and 391.715 (ad Review, but it may be complete	lministrators) as part of the Mid-Cycle Goals d earlier if appropriate.
Specific Concerns (Reference Standards and Indicators)	
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.
Educator Signature:	Date: Click here to enter a date.

Date: Click here to enter a date.

Evaluator Signature: