**Colchester School District**

**Notification of Placement in Intensive Support**

Educator:

Administrator:

Date:

Your administrator is charged with the responsibility of making the recommendation concerning your future employment status with the Colchester School District by placing you in Intensive Support. This form constitutes official notice from your administrator that a total of three pieces of evidence at the Unsatisfactory Level has been collected in the following area(s):

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):

THIS NOTIFICATION HAS BEEN DISCUSSED WITH THIS TEACHER. THE TEACHER ACKNOWLEDGES THE RECEIPT OF THIS FORM. A PLAN OF INTENSIVE SUPPORT WILL BE DEVELOPED BY THE ADMINISTRATOR BASED ON THE COMPONENTS OF THE FRAMEWORK THAT WERE FOUND TO BE AT THE UNSATISFACTORY LEVEL.

**INTENSIVE SUPPORT DEVELOPMENT MEETING: DATE: \_\_\_\_\_\_\_ TIME: \_\_\_\_\_\_\_**

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

(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***