

West Virginia Educator Evaluation
Plans to Support Continuous Improvement:
Focused Support Plan*

Educator:	Evaluator:
School:	County:
Grade/Content:	Conference Date:
End Date:	Progress Assessment Date:
Area(s) of concern with standard(s):	
Expectations and Goals of Focused Support Plan:	

Support to be given (check those that apply):

- Professional Development
- Mentoring
- Coaching/Instructional Support
- Peer Observation
- Programs of Study
- Other Supports

Explain support to be given:

Focused Support Plan Timeline:

Plan Agreement:

My signature below signifies my understanding of the expectations in the above plan as described.

Educator's Signature _____ Date _____

My signature below signifies my careful review of the above plan with the educator, and I have clearly communicated my expectations within the plan and agree to provide support.

Educator's Signature _____ Date _____

Focused Support Plan Completion:

- Standard met.** The educator is no longer on a Focused Support Plan.
- Adequate progress.** The educator will complete another Focused Support Plan.
- Inadequate progress.** An evaluation is completed. The educator is being placed on a Corrective Action Plan.

Explain the above statement:

Educator's Signature _____ Date _____

Educator's Signature _____ Date _____

*The Focused Support Plan is not documented in the county personnel file.