

Attachment I
CHARLOTTE COUNTY PUBLIC SCHOOLS
TEACHER ASSISTANCE PLAN

Employee's Name: _____

Employee ID #: _____

Work Location: _____

Assignment: _____

GOAL: _____

Instructional Personnel Improvement Objectives	Planned Activities/Resources To Meet Each Objective	Anticipated Completion Date	Actual Completion Date

Comments: _____

I am aware of the content and purpose of this Teacher Assistance Plan

 Employee's Signature

 Date

 Building Level Administrator's Signature

 Date

Employee's signature does not necessarily denote agreement but acknowledges receipt of this document.