

**BOGALUSA CITY SCHOOL SYSTEM
INTENSIVE ASSISTANCE PLAN FORM**

Employee's Name _____ Position/School Site _____
Evaluator's Name _____ Position/Department _____
Date Issued _____ Date Concluded _____

I. Assistance Level (Check One) _____ *Level I* _____ *Level II*

II. Objective(s) to be accomplished and expected level of performance:

III. Assistance/Support/Resource activities:

(1) Begin Date _____ Completion Date _____

(2) Begin Date _____ Completion Date _____

(3) Begin Date _____ Completion Date _____

IV. Follow-up conference - Describe the employee's progress toward objective(s) and action(s) to be taken:

My signature does not reflect any agreement or disagreement with the results of this assistance plan. Rather, it is an assurance that I have had the opportunity to read and discuss the content of this form.

Employee's Signature _____ Date _____

Evaluator's Signature _____ Date _____