ZCSB6.8NIA

ZACHARY COMMUNITY SCHOOL SYSTEM
NOTIFICATION OF INTENSIVE ASSISTANCE PROGRAM

Teacher's Name: _____ School: _____
Position/Subject: _____ Grade(s): _____

Please be advised that you are being placed in the Intensive Assistance Program for not satisfactorily meeting the Zachary Community School System standards of performance on the following components:

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Please also note that the implications of this action may affect the future status of your employment.

Please meet with me on the following date and time so we may discuss your Intensive Assistance Program plan and objectives:

Date _____ Time _____

Evaluator's Signature_____ Position _____ Date _____

Employee's Signature _____ School Site _____ Date _____