

Plan II

FINAL SUMMARY FORM

(Completed by teachers, taken to, and discussed with the administrator at the final meeting)

Yearly Plan

Teacher (s)	School	Grade/Dept/Team
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Plan Start Date _____ Completion Date _____

Plan Outcomes:

Indicators of Progress:

Future Considerations:

Final Summary Form *(continued)*

Teacher's Comments:

Administrator's Comments:

Administrator's Evaluation:

- Satisfactory
- Unsatisfactory

Teacher(s) Signature _____ Date _____

Administrator Signature _____ Date _____

Form 2C (Cont)