

**ST. JOHN THE BAPTIST PARISH SCHOOL BOARD
EMPLOYEE NOTICE OF CHANGE OF EVALUATION STATUS**

Employee _____ Position _____
Subject _____ Grade(s) _____

Please be informed that you are being placed in the Intensive Assistance Program for failure to achieve minimum performance standards in the following:

I. Instructional Personnel:

The following attributes/components of the Louisiana Components of Effective Teaching and/or criteria specified in your job description:

II. Non-Instructional Personnel:

The following criteria specified in your job description:

III. Principal:

The following standards of the Standards for School Principals in Louisiana and/or criteria specified in your job description:

IT SHOULD BE NOTED THAT THE IMPLICATIONS OF THIS ACTION MAY HAVE A BEARING ON YOUR TENTURE STATUS OR RETENTION OF POSITION.

A meeting is scheduled for _____ at _____ to discuss
(Date) (Time)
your change of status and collaboratively design your Program.

Evaluator's Signature Position Date Sent

Evaluator's Signature Position Date Sent

Copies:

School Board Office

Evaluator

Evaluatee