**Form E2: Notice of Concern for Specialists**

Teacher: Evaluator:

School/Position: Date of Observed Practice:

Date of Notification: Date of Meeting:

[ ]  Practice observed on the date above is *Needs Improvement* We will meet within ten (10) work days to discuss this concern in greater detail and to complete the information below.

[ ]  Practice observed on the date above is *Unsatisfactory*. We will meet within ten (10) work days to discuss this concern in greater detail and to complete the information below.

Based upon the evidence collected inthe specific specialist framework, the following component area(s) have been identified as concerns.

(Evaluator to fill in components)

|  |  |
| --- | --- |
| **Conversation Components** | **Observable Components** |
| **Domain 1:****Planning and Preparation** | **Domain 4:****Professional Responsibilities** | **Domain 2:****Classroom Environment** | **Domain 3:****Instruction** |
|  |  |   |   |

***Note: Steps and supports are to be developed collaboratively by the Evaluator and Teacher.***

**Specific steps to be taken by the Teacher to address identified components:**

**Specific supports that will be provided by the Evaluator to address identified components:**

I acknowledge that I have reviewed and discussed the above concerns with my Evaluator.

Teacher Signature/Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator Signature/Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*Please note: This form is not used during the PDP or remediation process.