**RIALTO UNIFIED SCHOOL DISTRICT**

**Growth Measurement Assistance Plan**

| **Name of Evaluatee:** | **Date:** | |
| --- | --- | --- |
| **Name of Evaluator:** | **School Year:** | |
| 1. **Area(s) in need of improvement:** | | |
| 1. **Implementation Plan (Specific actions to be taken by Support Provider and Performer):** | | |
| 1. **Assistance needed to support plan:** | | |
| 1. **Follow-ups will take place on:** | | |
| | **E.** | **Review #1 Assistance Plan Goals** |  | **Met** |  |  | **Not Met** | | --- | --- | --- | --- | --- | --- | --- | |  | **Review #2 Assistance Plan Goals** |  | **Met** |  |  | **Not Met** |     **Assistance Plan must be reviewed at least twice if the goals are not met after the first review.** | | |
| **Review #1 Evaluatee’s Signature:** | | **Date:** |
| **Review #1 Evaluator’s Signature:** | | **Date** |
| **Review#2 Evaluatee’s Signature:** | | **Date:** |
| **Review #2 Evaluator’s Signature:** | | **Date:** |