

SEDGWICK COUNTY AREA EDUCATIONAL SERVICES INTERLOCAL COOPERATIVE

Employee

Name _____ **School** _____

**Date of
Counseling**

**Supervising
Teacher**

SUPERVISING TEACHER'S REPORT OF CIRCUMSTANCES REQUIRING CORRECTIVE ACTION

1. Describe the nature of the problem/situation: *(check all that apply)*

- Attendance/Punctuality Not following Instructions Poor Communication Skills Unprofessional Conduct Other: _____
- Poor boundaries with students Noncompliant with Policies & Procedures of School, District or Coop Does Not Foster Student Independence

2. If the employee has previously been counseled or disciplined, especially concerning similar matters, attach copies of the prior record of action taken. If these actions were not documented, describe here what the actions were, the dates or approximate dates that the incident(s) occurred, and any other pertinent facts.

3. What comments were given by the employee to explain his/her viewpoint on the problem/situation described above?

4. Describe clearly and objectively what the employee needs to do to improve. (The employees position description should also be reviewed with the employee.) Outline Action Plan:

Objective #1 _____

Objective #2 _____

Objective #3 _____

5. Is there a mutual agreement between the supervisor and the employee regarding the steps outlined in (4) above? Yes No

(USE BACK OF PAGE TO EXPLAIN OR HAVE EMPLOYEE EXPLAIN HIS/HER VIEWPOINT)

6. Date/time of follow-up counseling session *(must be within 14 working days)*: _____

The employee is hereby advised that failure to show improvement will result in a formal Plan of Improvement.

Supervisor _____ Date _____

Witness _____ Date _____

(REQUIRED IF EMPLOYEE REFUSES TO SIGN)

"I have read this report (or report has been read to me) and I have discussed it with my supervisor."

Employee _____ Date _____

Copy given to para: Yes No

Circle if copy to: Para Facilitator Assistant Director in charge of paras