**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:**  |