



**RIALTO UNIFIED SCHOOL DISTRICT
Classified Staff Assistance Plan**

Name of Evaluatee: _____ **Date:** _____ **School Year:** _____

Status: Probationary Permanent (check one)

Site: _____ **Position:** _____

A. Area(s) in need of improvement:

B. Growth Goal(s):

C. Implementation Plan (List specific actions to be taken by Evaluator and Evaluatee):

D. Assistance needed to support Goal(s) and Plan:

E. Expectations for Satisfactory performance:

F. Methods of obtaining Data:

Evaluatee Signature: _____

Date: _____

Evaluator Name: _____

Evaluator Signature: _____

Evaluator Title: _____

Date: _____