

TEACHER ACTION PLAN

PROVISIONAL / CONDITIONAL / TRANSITIONAL / TARGETED NEED / WAIVER

Please type (print) final copy.

Teacher: _____ School: _____

Assignment: _____

Support Team: _____

Date: _____

TAP needs to include at least one goal in each area, a through e. F is optional.

a. Subject Matter Knowledge

(Refer to Appendix A)

Support Team

Met On:

Goal:

Objective:

Objective:

b. Communication/Language Skill

(Refer to Appendix A)

Support Team

Met On:

Goal:

Objective:

Objective:

c. Classroom Instruction/Curriculum Planning

(Refer to Appendix A)

Support Team

Met On:

Goal:

Objective:

Objective:

d. Evaluation of Students

(Refer to Appendix A)

Support Team

Met On:

Goal:

Objective:

Objective:

e. Professional Characteristics

(Refer to Appendix A)

Support Team

Met On:

Goal:

Objective:

Objective:

f. Other (Special Skills)

(Refer to Appendix C)

Support Team

Met On:

Goal:

Objective:

Objective: