

**Sharyland Independent School District  
Intervention Plan for Non-Teaching Employees**

Name: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Campus/Department: \_\_\_\_\_ Assignment/Grade: \_\_\_\_\_

Period of Intervention: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

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1. Based on the job description, school or district policies/procedures, and/or specific behaviors, is the employee in need of assistance? Be specific.

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2. Improvement activities and dates for completion.

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3. Evidence that will be used to determine that improvement activities have been completed.

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4. Directives for change in employee behavior(s) and timelines.

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5. Evidence that will be used to determine if the employee behavior(s) has changed.

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Was this plan successfully completed? \_\_\_\_\_

Yes

No

This plan was not successfully completed for the following reason(s):

Further action required:

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Printed Name of Employee

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Signature

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Date

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Printed Name of Evaluator

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Signature

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Date

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Witness Required

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Signature

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Date