***CAREER IN TEACHING***

**Recommendation for Intervention**

 Date of Recommendation: \_\_\_\_\_\_\_\_\_\_\_\_

TEACHER: GRADE/SUBJECT: \_\_\_\_\_\_\_\_\_\_\_\_

ADMINISTRATOR:  School:

YEARS TEACHING: YEARS PRESENT IN BUILDING:

1. **Nature of “serious difficulty” in teaching performance:**
2. **Describe efforts to improve teaching performance:**
3. **I recommend intervention because reasonable efforts to improve teaching performance have not succeeded:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Administrator’s Signature Date

**Teacher’s Comments** (attach additional pages if needed):

I have been informed that my name is being referred for intervention. My signature indicates that I have been informed that my name is being submitted, but does not imply that I volunteer to participate at this time.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Teacher’s Signature Date

Copies to: CIT Panel, Teacher, Administrator, Superintendent of Schools

Send **under seal** to: Director or Chairperson of CIT Panel, CO-2, Central Office, Rochester City School District, Rochester, NY 14614, 262-8541