

**Appendix C**  
**Dover-Sherborn Public Schools**  
**Notice of Concern**

- Developing Educator Plan
- 2-Year Self-Directed Plan –Yr 1
- 2-Year Self-Directed Plan –Yr 2
- 1-Year Self-Directed Plan
- Directed Growth Plan
- Improvement Plan

*This form is to be completed by the Evaluator. The original goes in the teacher's personnel file, and the educator and evaluator each retain a copy.*

Educator Name/Title: \_\_\_\_\_

Evaluator Name/Title: \_\_\_\_\_

School(s): \_\_\_\_\_ Academic Year: \_\_\_\_\_

Observation Date: \_\_\_\_\_ Meeting Date: \_\_\_\_\_

Area(s) of Concern.
Steps for Improvement
Comments

Signature of Educator: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

The signature of the educator means only that he/she has read this document. The educator may attach a written statement of his/her own provided he/she does so within five working days.