PIUTE COUNTY SCHOOL DISTRICT
ADMINISTRATIVE COUNSELING FORM for Teacher Conduct

PART I – BASIC DATA			
1. Name (last, first, MI)	2. Position	3. School	4. Date
5. Administrator/Supervisor			

PART II – OBSERVATIONS
6. Circumstances/Concerns
7. Date and Summary of Counseling
8. Improvement Plan

PART III – AUTHENTICATION	
9. Name, Position, Signature of Supervisor	Date
10. I acknowledge having been counseled by the above individual and understand the reason for this counseling session. I also acknowledge I have had a chance to share my side of the concern –circle Yes for acknowledging. I (*circle the appropriate response*) **concur/do not concur** that	

*Attach additional pages if necessary for items #6, #7, #8, #10, #14, & #17

the information above accurately reflects this counseling session. I do not concur for the following reason:

11. Name, Signature of Individual Counseled	Date

12. If counseled individual refuses to sign counseling notes, administrator/supervisor will initial this block.

PART IV – IMPROVEMENT PLAN FOLLOW-UP

13. Date of Follow –Up to Improvement Plan	Date

14. Improvement Plan Results/Comments

15. Name, Signature of Individual Counseled	Date
16. Name, Signature of Administrator	Date

PART V – ADMINISTRATOR FOLLOW-UP

17. Follow-Up Results and Recommendation

18. Recommended Action: ☐ Warning ☐ Suspended w/pay ☐ Referred to Superintendent
☐ Improvements Completed Satisfactorily ☐ Probation ☐ Suspended w/o pay
☐ Other (specify)

19. Signature of Administrator	Date

*Attach additional pages if necessary for items #6, #7, #8, #10, #14, & #17