



Classified Guided Assistance Plan (GAP)

Procedures

The following procedures comprise the Lorain County JVS classified Guided Assistance Plan. Following a minimum of two basic/unsatisfactory evaluations in the same area, the evaluator may designate the employee for the Guided Assistance Plan. Such designation will be based on failure to perform job requirements at the proficient/average level or above.

- A. The employee's evaluator is their direct supervisor. The Guided Assistance Plan (GAP) will cover professional responsibilities and job requirements. A copy of the Guided Assistance Plan will be placed in the employee's personnel file.
- B. The Guided Assistance Plan
 1. The Guided Assistance Plan will be developed by the classified employee, his/her director supervisor or evaluator, the assistant superintendent, and, if requested by the classified employee, a classified representative of his/her choosing. The Guided Assistance Plan will include the following: a.) Established goals that are specific and measurable; b.) Identification of strategies, resources and support to reach goals; and c.) Development of a timeline not exceeding three months leading to an Evaluation.
 2. The Guided Assistance Plan will be reviewed at intervals as agreed upon by the employee's direct supervisor or evaluator, the assistant superintendent and, if requested, a classified representative. The evaluator will make one of the following recommendations on the Guided Assistance Plan Review Form based upon the review:
 - a. Return to the regular evaluation process.
 - b. Continue in the Guided Assistance Plan with a new timeline and additional suggestions developed. This will be reviewed at the Final Evaluation Conference.
 3. For those involved in the Guided Assistance Plan, following the Final Evaluation Conference the administration will make one of the following determinations based on progress on the plan documented on the Guided Assistance Plan Form:
 - a. Award a new contract.
 - b. Award a new contract with the continuation of a Guided Assistance Plan with a new timeline and additional suggestions developed.
 - c. Non-renewal of contract.
 - d. Termination of contract.
 4. Copies of the Guided Assistance Plan Form and the Guided Assistance Plan Review Form will be included in the employee's Final Evaluation packet. (See Forms A and B)



Guided Assistance Plan

Employee: _____

Evaluator: _____

Assistant Superintendent: _____

Classified Representative: _____

1. Area(s) of concern (job performance/behaviors to be addressed):

2. Description of how area(s) in #1 will look after assistance:

3. Strategies for improvement or recommended program to correct area(s) of concern. Include any recommended resources:

4. Criteria to be used for measuring improvement(s):

5. Recommended timeline for improvement(s):

6. Review Date:

-----Signatures-----

Employee: _____ Date: _____

Evaluator: _____

Assistant Superintendent: _____

Classified Representative: _____



Guided Assistance Plan

Summary of GAP Review:

1. Satisfactory progress on GAP: Return to regular evaluation process

Satisfactory completion of this Guided Assistance Plan		Date: _____
Evaluator: _____	Employee: _____	

2. Insufficient progress on GAP: Continuation in GAP required

Signature indicates that this program has been discussed with me. I understand my signature does not necessarily indicate agreement and that I may respond to all issues raised in this program.		
Employee's Signature: _____	Date: _____	
Evaluator's Signature: _____	Date: _____	

3. Termination due to insufficient progress on GAP

Signature indicates that this program has been discussed with me. I understand my signature does not necessarily indicate agreement and that I may respond to all issues raised in this program.		
Employee's Signature: _____	Date: _____	
Evaluator's Signature: _____	Date: _____	

-----Signatures-----

Employee: _____ Date: _____

Evaluator: _____

Assistant Superintendent: _____

Classified Representative: _____