

Instructional Performance Evaluation and Growth System (IPEGS) Support Dialogue (SD) Meeting Notification Form

Professional's Name: _____ Professional's Employee Number: _____

Assessor's Name: _____ Assessor's Title/Position: _____

School/Work Location Name: _____ School/Work Location Number: _____

As a result of the observation conducted on **(day, _____)**, an IPEGS Support Dialogue meeting has been scheduled to discuss supportive actions that should assist you in instructional performance improvement. You may bring union representation and/or a mutually agreed upon peer support professional to the meeting. The location, date and time of your Support Dialogue meeting are as follows:

Location: _____

Date: _____

Time: _____

My signature indicates that I have received a two-day (48 hours) notice of a Support Dialogue meeting and I am aware that I am entitled to have union representation and/or a peer support professional, who is mutually agreed upon by the assessor and me, at this meeting.

Professional's Signature: _____ Date: _____
(Your signature confirms receipt of the SD notification)