

Performance Improvement Plan

Teacher: Click here to enter text. School: Click here to enter text.

Grade/Subject/Position: Click here to enter text. School Year: Click here to enter text.

Performance Improvement Plan1:

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| --- | --- | --- | --- |
| Performance Standard Number | Performance Deficiencies within the Standard to be Corrected | Resources/Assistance Provided Activities to be Completed by the Employee | Target Dates |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| The teacher’s signature denotes receipt of the form, and acknowledgment that the evaluator has notified the employee of unacceptable performance.Teacher’s Signature: Date: Evaluator’s Signature: Date: Print or Type Evaluator’s Name: Click here to enter text. |

Results of Performance Improvement Plan:

|  |  |  |  |
| --- | --- | --- | --- |
| Performance Standard Number | Evidence of Corrected Performance Deficiencies | Comments | Review Dates*[[1]](#footnote-1)2* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Final recommendation based on outcome of Improvement Plan:*[ ]  The performance deficiencies have been satisfactorily corrected: The teacher is no longer on a *Performance Improvement Plan*.[ ]  Continued to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  The deficiencies were not corrected.  |
| Teacher’s Signature\*: Date: \*The teacher’s signature denotes receipt of the form, and acknowledgment that the evaluator has notified the employee of unacceptable performance. Evaluator’s Signature: Date:Print or Type Evaluator’s Name: Click here to enter text. |

1. 1 These sections are to be completed collaboratively by the evaluator and the teacher. Pages may be added, if needed.

2 Review dates should be prior to target dates for each improvement objective. Each review is intended to document support and assistance provided to the teacher. \_\_\_ **Additional Pages Attached** [↑](#footnote-ref-1)