OCMBOCES
Committed to Your Success

Principal Support Plan

Name: _____ Department: _____

This form is a tool for communicating areas in need of growth and support. It is required to be completed when the performance of the employee is evaluated as an overall rating of level I or level 2. It may also be used to provide suggestions for improvement outside of the formal evaluation process. The Teacher Support Plan should be placed in the employee's personnel file after it is completed and signed.

Starting Date: _____ Review Date:_____ Completion: _____

Area(s) in Need of Growth and Support:

Plan for Success:

How OCM BOCES will support the growth of teacher:

Measurable Goals to be Evaluated:

Review of Progress:

Additional pages may be attached.

_____ _____

Signature of Supervisor Date

I accept responsibility for completing the above Teacher Support Plan.

_____ _____

Signature of Employee Date

CC: *Director*
Assistant Superintendent
District Superintendent