

PROFESSIONAL IMPROVEMENT PLAN

Name _____

This form is a tool for communicating expectations and suggestions for improvement. Recommendations should relate to criteria. It is required to be completed when the performance of the employee is evaluated as unsatisfactory. This form may be completed when the performance of the employee is evaluated as basic. It may also be used to provide suggestions for improvement outside of the formal evaluation or classroom observation. The Professional Improvement Plan should be placed in the employee's personnel file after it is completed and signed.

Starting Date: _____ **Review Date:** _____ **Completion Date:** _____

Area in Need of Improvement:

Plan for Success:

Measurable Outcomes to be Evaluated:

Review of Progress:

Additional pages may be attached.

Supervisor _____ Date _____

I accept responsibility for completing the above Professional Improvement Plan.

Employee _____ Date _____

cc: Director
Assistant Superintendent
District Superintendent