*Administrator* Click here to enter text. *School Year(s)* Click here to enter text.

*Position:* Click here to enter text. *Location* Click here to enter text.

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

Results of Performance Improvement Plan1:

|  |  |  |  |
| --- | --- | --- | --- |
| Performance Standard Number | Performance Deficiencies within the Standard to be Corrected | Comments | Review Dates*[[1]](#footnote-1)2* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Final recommendation based on outcome of Improvement Plan:*  The performance deficiencies have been satisfactorily corrected: The administrator is no longer on a  *Performance Improvement Plan*.  Continued to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  The deficiencies were not corrected. | | | |
| Administrator’s Signature\*: Date:  \*The administrator’s signature denotes receipt of the form, and acknowledgment that the evaluator has notified the employee of Ineffective 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 administrator. 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 principal. \_\_\_ **Additional Pages Attached** [↑](#footnote-ref-1)