**Performance Improvement Plan**

**(Example)**

 **Teacher’s Name: Teacher’s Assignment:**

**Beginning Date of Plan: Ending Date of Plan:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Framework for Teaching****Domain #****Element #** | **Issues/Problems to be Addressed:** **Using objective language, cite all issues separately under each domain** | **Corrected State:** **Using objective language, describe the performance when corrected** | **Focused Assistance:** **Include specific support, PD opportunities, and the individuals responsible for****providing aide, resources and monitoring of the plan** | **Input or Requests from Teacher:** **Using objective language, include any specific assistance requested by the teacher** |
| Domain 1Element 1***Example*** | Lesson Plans or learning guides do not include a notation of the current POS task number and name | Lesson plans or learning guides will include the notation for the current POS task number and name | Mr. X will download a copy of the current POS for this CTC program. Mrs. Y (Mentor) will verify that the current POS has been downloaded. | Mrs. Y requested a copy of the POS |
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|  |  |  |  |  |

**Summary List of Resources and Professional Development**

***Example: Mentor will be assigned by administration.***

***Example: Program of Study (current) Task List to be downloaded from PDE website by Mr. X to be provided to Mrs. Y*Performance Improvement Plan Implementation Calendar**

|  |  |  |
| --- | --- | --- |
| **Month** | **Activity** | **Date Completed & Initials of Administrator Noting Completion** |
| August |  |  |
| September |  |  |
| October |  |  |
| November |  |  |
| December |  |  |
| January |  |  |
| February |  |  |
| March |  |  |
| April |  |  |
| May |  |  |
| June |  |  |

**Signature Page**

My signature indicates I have met with my administrator(s) and have reviewed the performance expectations as outlined within this plan. I have also received a copy of this improvement plan. I understand my signature does not necessarily constitute agreement with its contents and that I have an opportunity to respond if I disagree.

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Teacher’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Association Representative (if requested by teacher) Date

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Administrator Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Superintendent of Record Signature Date