

# PLAN FOR IMPROVEMENT

## JPAS Addendum



<b>Employee Name</b>	<input type="text"/>
<b>School</b>	<input type="text"/>
<b>Position/Assignment</b>	<input type="text"/>
<b>Supervisor</b>	<input type="text"/>
<b>Date</b>	<input type="text"/>

- Career Educator (This form is **REQUIRED**)  
 Provisional Educator

This plan for improvement is intended to provide you with clear, concise details outlining the concerns, expectations and resources for improvement (<http://jes.jordandistrict.org/educators/resources>). According to your JPAS evaluation the following have been identified as “Minimally Effective or Not Effective” and require improvement. (DP311-Evaluation for Licensed Personnel) This plan for improvement supplements the JPAS results for the following evaluation(s) of the current contract year (check one).

- First Evaluation     Second Evaluation

### AREAS OF IMPROVEMENT

1.

<input type="text"/>	
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**Expectations**

<input type="text"/>
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**Resources**

<input type="text"/>
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2.

<input type="text"/>	
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**Expectations**

<input type="text"/>
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**Resources**

<input type="text"/>
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3.

**Expectations**

**Resources**

**Online Resources:**

**Utah Effective Teaching Standards:**

<http://www.schools.utah.gov/CURR/educatoreffectiveness/Standards/Teaching.aspx>

**Jordan Evaluation Systems:**

<http://jes.jordandistrict.org/educators/resources/>

**Consulting Educator Requested:**

Yes  No (indicates educator declined a Consulting Educator)

## PROGRESS

Feedback and progress monitoring is vital for improvement. Progress meetings, on the dates and times listed below, will be to monitor your progress. It is expected that you will be prepared to present evidence and/or discuss your progress and needs. Progress meeting(s) will be held prior to your next JPAS evaluation. At least one (1) progress meeting will be held.

**Progress Meeting(s)**

**1<sup>st</sup> Meeting**

Day/Date/Time

**2<sup>nd</sup> Meeting**

Day/Date/Time

**Your next JPAS evaluation may begin on:**

My signature below indicates that I have received a copy of this Plan for Improvement.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_