

**PLAN FOR IMPROVEMENT**  
**NOT EFFECTIVE**



<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"/>	<input type="checkbox"/> <b>Career Educator</b>	<input type="checkbox"/> <b>Provisional Educator</b>

This plan for improvement is intended to provide you with clear, concise details outlining the concerns, expectations, and resources for improvement. According to your JPAS evaluation the following have been identified as “Not Effective” and require improvement (DP311 Evaluation of Licensed Personnel). This plan for improvement supplements the JPAS results for the following evaluation(s) of the current contact year (check one).

First Evaluation       Second Evaluation

AREAS OF IMPROVEMENT	
1.	<input type="text"/>
Expectations	<input type="text"/>
Resources	<input type="text"/>
2.	<input type="text"/>
Expectations	<input type="text"/>
Resources	<input type="text"/>

3.

Expectations

Resources

**Consulting Educator Request**    Yes    No (indicates educator declined a consulting educator)

Plan for Improvement must be attached to Consulting Educator Request

## PROGRESS

Feedback and progress monitoring is vital for improvement. Progress meetings, on the dates 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)

1st Meeting

Day/Date/Time

2nd Meeting

Day/Date/Time

Your Next JPAS evaluation may begin on:

My Signature below indicates that I have received a copy of the Plan for Improvement.

Employee Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Administrator Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_