

Teacher Support/Action Plan

Teacher		Subject/Grade	
Evaluator		School Year	
Formative Evaluation		Summative Evaluation	

Performance Standard Number	Performance Deficiencies Within the Standard to be Corrected	Resources/Assistance Provided; Activities to be Completed by the Employee	Target Dates

The teacher's signature denotes receipt of the form, and acknowledgment that the evaluator has notified the employee of unacceptable performance.

Teacher's Name _____

Teacher's Signature _____ Date Initiated _____

Evaluator's Name _____

Evaluator's Signature _____ Date Initiated _____

Results of Performance Improvement Plan

Performance Standard Number	Performance Deficiencies Within the Standard to be Corrected	Comments	Review Dates

Final recommendation based on outcome of Support/Action Plan.

- The teacher has exhibited growth and has demonstrated sustained improvement.
- The teacher has not exhibited growth and has not demonstrated sustained improvement.

Teacher's Name _____

Teacher's Signature _____ Date Reviewed _____

Signature denotes the review occurred, not necessarily agreement with the final recommendation.

Evaluator's Name _____