**Plan for improvement**

A Plan for Improvement is required for Teacher/Educational Specialists or Principals or School/District Administrators who receive a rating of “Basic” on any component of a summative or formative evaluation. Components include each of the Effective Practices, SLO/SPO’s or Action Plans, Individual Professional Development Plans, and Overall ratings.

Educator Name: Click here to enter text. School: Click here to enter text.

Evaluator: Click here to enter text. Date: Click here to enter text.

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| 1. **Component(s) rated as “Basic”** |
| Click here to enter text. |

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| 1. **Rationale for rating(s) of “Basic”** |
| Click here to enter text. |

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| 1. **Recommendations for Improvement** |
| Click here to enter text. |

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| 1. **Assistance and Resources to be Provided (if appropriate)** |
| Click here to enter text. |

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| 1. **Timeline for Improvement** |
| Click here to enter text. |

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| 1. **Date of Next Evaluations** | |
| 1. Formative evaluation to be conducted on or before: |  |
| 1. Summative evaluation to be conducted on or before: |  |

*My signature verifies that this Plan for Improvement has been discussed with me. I understand my signature does not necessarily indicate agreement and that I may respond in writing regarding this plan within*

*Click here to enter text. days of receipt.*

Educator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_