**principal/administrator action plan**

The Nebraska Principal/Administrator Evaluation Model requires that each Principal or School/District Administrator annually identify student and/or school performance goals and create Action Plans designed to increase student achievement or school performance.

Principal/Administrator Name: Click here to enter text. School Year: Click here to enter text.

**PRINCIPAL/ADMINISTRATOR SECTION:**

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| 1. **Problem Statement: Identify a problem that stands in the way of higher student achievement, staff effectiveness, or school performance.** |
| Click here to enter text. |

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| 1. **Supporting Data: Use baseline data to analyze an support the problem statement.** |
| Click here to enter text. |

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| 1. **Performance Target: Write a performance target designed to overcome the problem a SMART goal format.** |
| Click here to enter text. |

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| 1. **Measures of Progress: Identify means of measuring progress toward achieving the performance target.** |
| Click here to enter text. |

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| 1. **Strategies: Identify the action steps/strategies that will be taken to attain the performance target.** |
| Click here to enter text. |

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| 1. **Support: Identify the staff or groups responsible for implementing the action steps/strategies. Include key dates.** |
| Click here to enter text. |

Principal/Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVALUATOR SECTION**

**Plan Approval**

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plan Completion**

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plan Continuation**

Comments: Click here to enter text.

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal/Administrator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_