**|| PLAN FOR IMPROVEMENT**

Educator Name:

Date:

School:

Evaluator:

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

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| 1. Rationale for rating(s) of “Developing”:
 |
| 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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| --- |
| Date of Next Evaluation: |
| Next evaluation to be conducted on or before: | Click here to enter text |

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       days of receipt.

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Educator Signature: Date:

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Evaluator Signature: Date: