



## Performance Improvement Plan Instructional Resource Professional

Teacher Name \_\_\_\_\_ Employee ID No. \_\_\_\_\_

School \_\_\_\_\_ Evaluation Year \_\_\_\_\_

Level/Position \_\_\_\_\_

<i>Performance Standard Number</i>	<i>Performance Deficiencies within the Standard to be Corrected</i>	<i>Resources/Assistance Provided Activities to be Completed by the Employee</i>	<i>Target Dates</i>

<p>_____</p> <p>Evaluator Signature</p>	<p>_____</p> <p>Date Initiated</p>	<p>The instructional resource professional's signature denotes receipt of the form, and acknowledgment that the evaluator has notified the employee of unacceptable performance</p>	<p>_____</p> <p>Teacher Signature</p>	<p>_____</p> <p>Date Initiated</p>
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### Results of Performance Improvement Plan<sup>1</sup>:

<i>Performance Standard Number</i>	<i>Performance Deficiencies within the Standard to be Corrected</i>	<i>Comments</i>	<i>Review Date<sup>2</sup></i>

### Final recommendation based on outcome of Improvement Plan:

- The performance deficiencies have been satisfactorily corrected: The instructional resource professional is no longer on a *Performance Improvement Plan*.
- The deficiencies were not corrected: Follow-up with the Office of Performance and Development is required.

_____	_____	_____	_____
Evaluator Signature	Date Reviewed	Teacher Signature	Date Reviewed
		Signature denotes the review occurred, not necessarily agreement with the final recommendation.	

<sup>1</sup>These sections are to be completed by the instructional resource professional in collaboration with the evaluator. Pages may be added, if needed.

<sup>2</sup> Review dates should be prior to target dates for each improvement objective. Each review is intended to document support and assistance provided to the teacher.

\_\_\_\_\_ **Additional Pages Attached**