

ADMINISTRATIVE IMPROVEMENT PLAN

Name: _____ Position: _____
 Improvement Period - From: _____ Through: _____

Evaluator: _____

This Improvement Plan is intended to clarify the items listed on your 200__ / 200__ performance evaluation and to provide you with direction relative to your professional improvement needs. These recommendations and directions should be heeded immediately to improve administrative effectiveness and ensure that your performance is in compliance with your job description, professional assignment, and Board Policy. Failure to successfully adopt and implement the directives of this improvement plan may result in further administrative action.

Special Note

Recognition of receipt of formal Administrative Improvement Plan

 Signature of Employee

 Date

 Signature of Evaluator

 Date