

IMPROVEMENT PLAN

Teacher:

School: Colegio Jorge Washington

Grade/Subject:

School Year: 2021-2022

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

The teacher's signature denotes receipt of the form, and acknowledgment that the evaluator has notified the employee of unacceptable performance.

Evaluator's Signature/Date Initiated

Teacher's Signature/Date Initiated

Results of Improvement Plan¹:

<i>Standard Number</i>	<i>Deficiencies within the Standard to be Corrected</i>	<i>Comments</i>	<i>Review Dates²</i>

Final recommendation based on outcome of Improvement Plan:

- ☐ The performance deficiencies have been satisfactorily corrected: The teacher is no longer on an *Improvement Plan*.
- ☐ The deficiencies were not corrected: teacher is recommended for non-renewal/dismissal.

Evaluator's Signature/Date Reviewed

Teacher's Signature/Date Reviewed

Signature denotes the review occurred, not necessarily agreement with the final recommendation.