

TEACHER IMPROVEMENT PLAN

Teacher's Name:		Current Position:		Building:		School District:	
Supervisor's Name:		Current Position:		Building:		School District:	

Remediation Team Members:

Name:	Current Position:	Building:	School District:

Improvement Plan Dates:	From -	To -
--------------------------------	---------------	-------------

List in Priority Order, the specific Domains and Components targeted for improvement:

DOMAIN	COMPONENT

Specific ACTION PLAN for each area (in priority order);

Domain	Component	Specific Actions to be employed by Teacher	Timeline	Sources of Evidence	Resources Offered	Evaluated by the Team – list dates	Evaluation Score: F- failed, N- needs improvement, I – improving, M- meets satisfactory target

Listing of Dates for Observations, Meetings with Teacher, Remediation Team Discussions, etc.

Observations Conducted and by Whom:	Meetings Held with Teacher and by Whom:	Remediation Team Meeting Dates:

My signature represents that I have been afforded the right to review and discuss the Improvement Plan and understand the actions needed for improvement.

Teacher's Signature:

Date:

Supervisor's Signature:

Date: