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5 **ADMINISTRATIVE IMPROVEMENT PLAN**

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8 Name: _____ Position: _____

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10 Improvement Period - From: _____ Through: _____

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12 Evaluator: _____

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15 This Improvement Plan is intended to clarify the items listed on your 20__ / 20__ performance evaluation
16 and to provide you with direction relative to your professional improvement needs. These
17 recommendations and directions should be heeded immediately to improve administrative effectiveness
18 and ensure that your performance is in compliance with your job description, professional assignment,
19 and Board Policy. Failure to successful adopt and implement the directives of this improvement plan may
20 result in further administrative action.

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31 **Special Note**

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33 Recognition of receipt of formal Administrative Improvement Plan

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36 _____
Signature of Employee Date Signature of Evaluator Date

37
38
39 Google Drive:\Secretary\Personnel\Evaluations\Administrators\Administrative Improvement Plan.wpd

40
41 **Policy History:**

42 First reading on: 12/8/21

43 Second reading/Adopted on: 1/12/22