# ELIDA LOCAL SCHOOLS

## IMPROVEMENT PLAN

Teacher Name: _____ Grade Level/ Subject: _____

School year: _____ Building: _____ Date of Improvement Plan Conference: _____

A written Improvement Plan is to be developed when an educator has a Final Holistic Rating of **Ineffective**. However, districts have discretion to place any teacher on an Improvement Plan at any time based on deficiencies in any individual component of the evaluation system. The notice requirements for being placed on an Improvement Plan, the components of the plan and the implementation process for the plan may be subject to the terms of a collective bargaining agreement.

The purpose of the Improvement Plan is to identify specific deficiencies in performance and foster growth through professional development and targeted support. If the teacher does not take corrective actions in the timeline specified in the Improvement Plan, the evaluator may recommend the teacher be dismissed or continue working under the plan.

**Section 1: Improvement Statement**—List specific area(s) for improvement related to the ***Ohio Standards for the Teaching Profession***. Attach documentation.

| Performance Standard(s) Addressed in this Plan | Date(s) Improvement Area(s) or Concern(s) Observed | Specific Statement of the Concern(s):<br><br>Area(s) of Improvement |
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**Section 2: Desired Level of Performance**—List specific goal(s) to improve performance. Indicate what will be measured for each goal.

| List Goal Statement(s) Indicating Performance on ***Ohio Standards for the Teaching Profession*** | Beginning Date | Ending Date | Level of Performance:<br><br>Specifically Describe Successful Improvement Target(s) |
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**Section 3: Specific Plan of Action**—Describe in detail specific actions the teacher must take to improve performance. Indicate the sources of evidence the evaluator will use to document the completion of the Improvement Plan.

| Actions to be Taken | Qualitative or Quantitative Measurable Indicators: Evidence Indicating Progress on the Goal(s) |
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**Section 4: Assistance and Professional Development**—Describe in detail specific supports that will be provided as well as opportunities for professional development.

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**Section 5: Alignment to District and/or Building Improvement Plan(s)**— Describe the alignment to district and/or building improvement plan(s).

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**Comments:**

Date for Improvement Plan to be evaluated: _____

Teacher's Signature:_____ Date: _____

Evaluator's Signature: _____ Date: _____

*The evaluator's signature on this form verifies the proper procedures as detailed in the local contract have been followed.*

**Improvement Plan: Evaluation of Plan**

Teacher Name: _____ Grade Level/ Subject: _____

School year: _____ Building: _____ Date of Evaluation: _____

The Improvement Plan will be evaluated at the end of the time specified in the plan. Outcomes from the Improvement Plan will be one of the following.

- ☐ Improvement is demonstrated and performance standards are met to a satisfactory level of performance.
- ☐ The Improvement Plan should continue for time specified: _____.
- ☐ Dismissal is recommended.

| Comments: Provide justification for recommendation indicated above and attach evidence to support the recommended action. |
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*I have reviewed this evaluation and discussed it with my evaluator. My signature indicates I have been advised of my performance status; it does not necessarily imply I agree with this evaluation.*

Teacher's Signature:_____ Date: _____

Evaluator's Signature: _____ Date: _____

*The evaluator's signature on this form verifies the proper procedures as detailed in the local contract have been followed.*