

# Educator Evaluation Template

## Plans to Support Continuous Improvement

### Corrective Action Plan

*If evidence does not demonstrate that adequate progress has been made at the conclusion of the 18-week period, termination for unsatisfactory performance shall ensue.*

Educator:	Evaluator:
School:	County:
Grade/Content:	Focused Support Plan Dates:
Begin Date:	End Date:
Area(s) of concern and evidence:	
Expectations and Goals for Corrective Action Plan:	

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## *Plans to Support Continuous Improvement*

### ***Corrective Action Plan***

Support to be given (check those that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Professional Development | <input type="checkbox"/> Peer Observation  |
| <input type="checkbox"/> Mentoring Coaching       | <input type="checkbox"/> Programs of Study |
| <input type="checkbox"/> Instructional Support    | <input type="checkbox"/> Other Supports    |

Other educators to be used as resources:

Explain support to be given:

General timeline for Corrective Action Plan implementation (18 weeks):

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### Plan Agreement

My signature below signifies my understanding of the expectations in the above plan as described.

**Educator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

My signature below signifies that I have carefully reviewed the above plan with the educator, and I have clearly communicated my expectations within the plan and agree to provide support.

**Evaluator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### ***Corrective Action Plan Evidence***

The teacher has made:

- Adequate progress       Inadequate progress

Evidence of the above statement:

**Educator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Evaluator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_