

**Mid-Year Action Plan for Targeted Improvement for
Developing and Below Standard Administrators**

Name _____

School _____

Date _____

Specific expectations/standards needing improvement:

(Specific standards of CSLS, leadership activities related to student learning or guidelines of the Code for Professional Responsibilities for School Administrators)

Action plan to address recommended improvements:

Anticipated results of improvement plan:

(Expected measures of success and progress toward improvement)

Desired assistance from supervisor:

Administrator's signature/date

Evaluator's signature/date