

**CANUTILLO INDEPENDENT SCHOOL DISTRICT
NON-CONTRACTUAL PERFORMANCE EVALUATION SYSTEM
IMPROVEMENT PLAN FOR EMPLOYEE IN NEED OF ASSISTANCE**

Page 1 of 2

Name _____

Appraiser _____

Campus _____

Assignment _____

Period of Improvement

From: _____

To: _____

1. Area in which the employee is in need of assistance.

2. Improvement activities and dates for completion.

3. Evidence that will be used to determine those improvement activities have been completed.

4. Directives for changes in employee behavior and time lines.

5. Evidence that will be used to determine if employee behavior has changed.

Signature of Appraiser

Date

Signature of Principal

Date

My appraiser, principal, and I have discussed this improvement plan. My signature does not indicate whether I agree or disagree with this plan, merely that I have received it.

Employee Signature

Date

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Page 2 of 2

Name _____

Appraiser _____

Campus _____

Assignment _____

Period of Improvement

From: _____

To: _____

This plan has been successfully completed.

This plan has not been successfully completed.

This plan was not successfully completed for the following reasons:

Further action to be taken:

Signature of Appraiser

Date

Signature of Principal

Date

My appraiser and I have discussed the evaluation of the completion of this plan. My signature does not indicate whether I agree or disagree with the evaluation of this plan.

Employee Signature

Date