

# HORRY COUNTY SCHOOLS

## Performance Improvement Plan

Employee: \_\_\_\_\_ ID: \_\_\_\_\_ School: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator who oversees  
the plan:

Evaluation Team  
Members:(if applicable)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Administrator Signature Date

PERFORMANCE AREA	OBJECTIVE (S)	INTERVENTION STRATEGIES	EVIDENCE OF COMPLETION	PROJECTED DATES	COMPLETION DATES

<b>PERFORMANCE AREA</b>	<b>OBJECTIVE (S)</b>	<b>INTERVENTION STRATEGIES</b>	<b>EVIDENCE OF COMPLETION</b>	<b>PROJECTED DATES</b>	<b>COMPLETION DATES</b>