

## Deficiency Improvement Action Plan

Name of Teacher: \_\_\_\_\_

Name of Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

Area(s) of need of improvement: State the specific CSTP:

Methods that will be used to improve:

Resources need to improve:

Name of support staff to help improvement: \_\_\_\_\_

Date of next evaluation: \_\_\_\_\_

I have read the above report. My signature does not necessarily denote agreement.

Signature of Evaluatee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Evaluator \_\_\_\_\_ Date \_\_\_\_\_