

## chandler Unified School District Improvement Plan - Support Staff

Employee Name: \_\_\_\_\_ ID: \_\_\_\_\_

School/Department: \_\_\_\_\_ Position: \_\_\_\_\_

Evaluator: \_\_\_\_\_ School Year: \_\_\_\_\_

Specific Performance Element(s) in need of Improvement	Strategies to Improve

Plan to be reviewed by the following date: \_\_\_\_\_

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

The employee's signature indicates receipt of the form and acknowledgement that the evaluator has notified the employee of the need to improve.

### Final Recommendation based upon results of Improvement Plan

Deficiencies have been satisfactorily corrected. No further action is needed.

Progress has been made, but deficiencies not fully corrected. The Improvement Plan will continue with modifications.

Deficiencies have not been corrected. Satisfactory progress has not been demonstrated.

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature indicates acknowledgement of the review but does not mean agreement with the final recommendations.