

PROGRAM OF ASSISTANCE FOR IMPROVEMENT

Name _____ School _____

Assignment _____

License Type _____ Employee Status _____

You are being placed on this Program of Assistance for Improvement because of unsatisfactory performance as specified in the deficiencies identified below. This program is designed to help you correct these deficiencies.

Upon completion of this program, those areas in the program which had been identified as deficient will be monitored for the period of one year. If an acceptable level of performance is maintained, you will be returned to the regular evaluation cycle. Unsuccessful completion of this program may result in non-renewal of dismissal of employment.

I. DESCRIPTION OF DEFICIENCY

Cite related standard(s) or job description item(s).

II. SUPERVISOR'S EXPECTATIONS

How things should look after the deficiency has been corrected.

III. RECOMMENDED PROGRAM TO CORRECT DEFICIENCY

IV. CRITERIA WHICH WILL BE USED TO MEASURE CORRECTION

V. ASSISTANCE AND RESOURCES TO BE PROVIDED

If appropriate

VI. MONITORING PROCEDURES

VII. DATE BY WHICH PROGRAM MUST BE COMPLETED

This is to certify that this program has been discussed with me. I understand my signature does not necessarily indicate agreement and that I may respond to any and all issues contained in this program.

Educator's Signature

Date

Supervisor's Signature

Date