Educator Evaluation Template

Plans to Support Continuous Improvement

Corrective Action Plan

If evidence does not demonstrate that adequate progress has been made at the conclusion of the 18-week period, termination for unsatisfactory performance shall ensue.

Educator:	Evaluator:
School:	County:
Grade/Content:	Focused Support Plan Dates:
Begin Date:	End Date:
Area(s) of concern and evidence:	
Expectations and Goals for Corrective Action Plan:	

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Support to be given (check those that apply):

- ☐ Professional Development
- ☐ Mentoring Coaching
- ☐ Instructional Support
- ☐ Peer Observation
- ☐ Programs of Study
- ☐ Other Supports

Other educators to be used as resources:

Explain support to be given:

General timeline for Corrective Action Plan implementation (18 weeks):

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Plan Agreement

My signature below signifies my understanding of the expectations in the above plan as described.

Educator's Signature: _____ **Date**: _____

My signature below signifies that I have carefully reviewed the above plan with the educator, and I have clearly communicated my expectations within the plan and agree to provide support.

Evaluator's Signature: _____ **Date**: _____

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Corrective Action Plan Evidence
The teacher has made: ☐ Adequate progress ☐ Inadequate progress
Evidence of the above statement:

Educator's Signature: _____ **Date**: _____

Evaluator's Signature: _____ **Date**: _____