

Epping School District Teacher Improvement Plan

Teacher:			
Grade:			
Subject:			
School Year:			
Certification:		Renewal Year:	

Improvement Plan Date:	
Review Plan Date:	
Review Plan Date:	
Review Plan Date:	
Recommendation Date:	

A. AREAS OF CONCERN:

1.
<ul style="list-style-type: none"> Area of Concern
<ul style="list-style-type: none"> Action Required
<ul style="list-style-type: none"> Evidence of Success –
<ul style="list-style-type: none"> Timeline -
2.
<ul style="list-style-type: none"> Area of Concern -
<ul style="list-style-type: none"> Action Required –
<ul style="list-style-type: none"> Evidence of Success –
<ul style="list-style-type: none"> Timeline -

Failure to improve in the identified deficiencies in the improvement plan may lead to non-renewal.

B. ATTACHMENTS: Please indicate any documents that are attached to this improvement plan.

C. STATUS:

D. RECOMMENDATION:

Recommend for Removal from Improvement Plan Status:	Yes		No	
Recommend for Continuation of Improvement Plan Status:	Yes		No	
Recommend for Contract Renewal:	Yes		No	

E. SIGNATURES:

Signature of Supervisor

Signature of Teacher*

Date

Date

Signature of Association Representative

Date

*Signature does not indicate agreement, only that this improvement plan has been seen and discussed. Teacher may attach comments.

F. DISTRIBUTION:

- Teacher – copy
- Supervisor – copy
- Personnel File - original