

Professional Improvement Plan

Supervisor Name: _____

Subject: _____

Employee Name: _____

Grade Taught: _____

Date: _____

Campus: _____

Supervisor Expectations:

Reflection Questions for the Teacher and Teacher's Response:

Professional Improvement Activities:

Completion Dates	Completion Yes/No

Evidence of Completion:

Targeted Dimensions:

Evidence of Improvement:

Teacher Signature: _____

Date: _____

Administrator Signature: _____

Date: _____