

INSTRUCTIONAL PERFORMANCE EVALUATION and GROWTH SYSTEM
IPEGS

IMPROVEMENT PLAN (IP)

Professional: _____ Employee Number: _____ Date: _____

Work Location Name and Number: _____ Contract Status: AC ___ PSC ___ CC ___ Other _____

Grade Observed: _____ Subject Observed: _____

Date of Observation(s): _____ Observation Number: 1 ___*___ 2 ___ 3 ___ 4 ___ 5 ___

Deficient Performance Standard(s): 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ 6 ___ 7 ___ 8 ___ Date of Post-Observation Meeting(s): _____

Assessor: _____ Title: _____

Site Administrator: _____ Title: _____

<p>IP Review:</p> <ul style="list-style-type: none"><input type="checkbox"/> Activities completed by due date<input type="checkbox"/> Activities not completed by due date<input type="checkbox"/> Other _____ <p>IP Review Date: _____</p>	<p>It is recommended that:</p> <ul style="list-style-type: none"><input type="checkbox"/> The professional is no longer on an <i>IP</i>. The performance deficiencies have been corrected.<input type="checkbox"/> The professional is issued a revised/new <i>IP</i>. The performance deficiencies were not corrected.
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**Indicates Support Dialogue was completed.*

INSTRUCTIONAL PERFORMANCE EVALUATION and GROWTH SYSTEM (IPEGS) IMPROVEMENT PLAN (IP)

Professional _____

Employee # _____

Date _____

Provide the performance standard that is the focus of the IP (*Only one performance standard per form*): _____

Deficiency(s) Observed:

Resource(s):

Activity(s)/Responsible Party(s):

Date Due:

Professional's Signature: _____ Date: _____

Site Administrator's Signature: _____ Date: _____

***Professional's signature signifies receipt and does not necessarily indicate agreement with its contents.**