



MONTEREY COUNTY OFFICE OF EDUCATION
EARLY LEARNING PROGRAM



STAFF PERFORMANCE IMPROVEMENT PLAN

Employee Name: _____

Employee Job Title: _____

Supervisor Name: _____

Supervisor Job Title: _____

Center Name: _____

Plan Effective Date: _____

GOAL: _____

Area of Concern	Action Requested	Name of staff that will implement, develop, and follow up	Timeline	Achieved	
				Yes	No
A.	Employee will: <ul style="list-style-type: none">•				
B.	Employee will: <ul style="list-style-type: none">•				

C.	Employee will: <ul style="list-style-type: none">•				
D.	Employee will: <ul style="list-style-type: none">•				

Meeting 1 Date:_____ Evaluator Signature _____ Evaluatee Signature_____

PROGRESS NOTES:_____

Meeting 2 Date:_____ Evaluator Signature _____ Evaluatee Signature_____

PROGRESS NOTES:_____

Meeting 3 Date:_____ Evaluator Signature _____ Evaluatee Signature_____

PROGRESS NOTES:_____

Meeting 4 Date:_____ Evaluator Signature _____ Evaluatee Signature_____

PROGRESS NOTES:_____

This Improvement Plan was created as a result of the annual evaluation process containing areas of opportunity and focus that were reviewed at a meeting held on _____with _____and _____.
Date *Evaluee/Employee Name* *Evaluator/ Supervisor Name*

The above objectives were created in partnership with the _____. It was agreed that implementation of these objectives
Evaluator/Supervisor Name

would begin on _____. It is important to note that this Improvement Plan was designed to support_____ in efforts to
Date *Evaluee/Employee Name*

be successful in the _____. It is with this understanding and commitment to positive growth that the aforementioned directives are
Employee Job Title

written as measures of identifying areas of improvement and support for the *Evaluee/Employee* in their current role. We encourage the *Evaluee/Employee* to meet with their *Supervisor* and follow the chain of command if he/she feels more support is needed.

I certify that this plan has been discussed with me. I understand my signature does not necessarily indicate agreement:

Comments:

Evaluator or Supervisor Signature

Other Staff Signature / Other Staff Job Title

Coordinator Signature

Evaluee or Employee Signature

Other Staff Signature / Other Staff Job Title

Program Director or Assistant Director Signature