

Henry County Public Schools
Performance Improvement Plan Form
(Required for a Teacher Placed on a Remediation Plan of Action)

Teacher _____ **School** _____

Grade/Subject _____ **School Year** _____

Evaluator _____

Performance Standard Number	Performance Deficiencies Within the Standard to be Corrected	Resources/Assistance Provided; Activities to be Completed by the Employee	Target Dates

The teacher's signature denotes receipt of the form, and acknowledgment that the evaluator has notified the employee of unacceptable performance.

Teacher's Name _____

Teacher's Signature _____ Date Initiated _____

Evaluator's Name _____

Evaluator's Signature _____ Date Initiated _____

**Henry County Public Schools
Results of Improvement Plan Form**

Results of Performance Improvement Plan

Performance Standard Number	Performance Deficiencies Within the Standard to be Corrected	Comments	Review Dates

Final recommendation based on outcome of Improvement Plan:

☐ The performance deficiencies have been satisfactorily corrected: The teacher is no longer on a *Performance Improvement Plan*.

☐ The deficiencies were not corrected: teacher is recommended for non-renewal/dismissal.

Teacher's Name _____

Teacher's Signature _____ Date Reviewed _____

Signature denotes the review occurred, not necessarily agreement with the final recommendation

Evaluator's Name _____

Evaluator's Signature _____ Date Reviewed _____