

Teacher Improvement Plan

Name of Teacher: _____

Participants in the formulation of this TIP:

Identify the area(s) of improvement identified in the annual evaluation:

1. _____
2. _____
3. _____
4. _____

This plan will begin on: _____

The parties to this agreement will meet on the following dates to review and evaluate the plan and formulate modifications if necessary:

Any changes or modification to the plan must be in writing and will be appended to this document.

Teacher

Date

Administrator

Date

Union Representative

Date

Attach a copy of the teacher's evaluation to this form

Teacher Improvement Plan

Area Needing Improvement: _____

Timeline for improvement:

Manner in which improvement will be assessed:

Differentiated Activities to Support Improvement:

Activity: _____
Time: _____
Location: _____
Goal: _____
Other personnel involved: _____

Activity: _____
Time: _____
Location: _____
Goal: _____
Other personnel involved: _____

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Time: _____
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Complete this form for each area identified as needing improvement