

**MONONGALIA COUNTY SCHOOLS
IMPROVEMENT PLAN FOR CLASSROOM TEACHERS 126-142-11**

Page ___ of ___

Employee _____
 Position _____
 School _____
 School Year _____

A referral has been made to an improvement team by the supervisor _____ Yes _____ No
 The employee has requested the assistance of an improvement team _____ Yes _____ No

DEFICIENCY	CORRECTIVE ACTION TO REMEDIATE DEFICIENCY	TIME FRAME FOR MONITORING AND DEADLINE FOR MEETING CRITERIA	RESOURCES AND ASSISTANCE AVAILABLE TO ASSIST IN CORRECTING THE DEFICIENCY	EVALUATION OF DEMONSTRATED IMPROVEMENT

Date Improvement Plan Developed _____
 Signature of Supervisor _____
 Signature of Employee _____

I have received a copy of the improvement plan.
