

INSTRUCTIONAL PERFORMANCE EVALUATION and GROWTH SYSTEM **IPEGS**

IMPROVEMENT PLAN (IP)

Professional: _____ Employee Number: _____ Date: _____

Work Location Name and Number: _____ Contract Status: Probationary ___ 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> <p><input type="checkbox"/> Activities completed by due date</p> <p><input type="checkbox"/> Activities not completed by due date</p> <p><input type="checkbox"/> Other _____</p> <p>IP Review Date: _____</p> | <p>IP Phase (Approximately): <input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days</p> <p>It is recommended that:</p> <p><input type="checkbox"/> The professional is no longer on an <i>IP</i>. The performance deficiencies have been satisfactorily corrected.</p> <p><input type="checkbox"/> The professional is issued a revised/new <i>IP</i>. The performance deficiencies were not corrected.</p> |
| <p>IP Status/Outcome: <input type="checkbox"/> Remediated</p> <p style="padding-left: 40px;"><input type="checkbox"/> Not Remediated</p> | |

**Indicates Support Dialogue was completed.*

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

Professional _____

Employee # _____

Date _____

Performance Standard ____: _____ is the focus of this IP (*Only one performance standard per form*):

Deficiency(ies) Observed:

Resource(s):

Activity(s)/Responsible Party(s):

Date Due:

Professional's Signature: _____ Date: _____

Site Administrator's Signature: _____ Date: _____

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