



Brea Olinda Unified School District IMPROVEMENT PLAN Certificated Employee

Name: _____

School Year: _____

School: _____

Date: _____

Assignment: _____

Evaluator: _____

Status: Probationary: 1 2 Permanent: Other: _____

At this time during the evaluation of your performance relative to the California Professional Standards for Educational Leaders, it has been determined that you are not making satisfactory progress in the areas checked below:

- Standard 1: Engaging and Supporting All Students in Learning
- Standard 2: Creating and Maintaining Effective Environments for Student Learning
- Standard 3: Understanding and Organizing Subject Matter
- Standard 4: Planning Instruction and Designing Learning Experiences for all Students
- Standard 5: Assessing Students for Learning
- Standard 6: Developing as a Professional Educator

The following assistance has been, or will be, offered to address the area(s) of improvement noted above.

Identified area of growth	Recommendation for growth/improvement	Pertinent Resources	Specific timeline for improvement
1. Engaging and Supporting All Students in Learning			
Ongoing progress assessment*			
2. Creating and Maintaining Effective Environments for Student Learning			
Ongoing progress assessment*			
3. Understanding and Organizing Subject Matter			
Ongoing progress assessment*			
4. Planning Instruction and Designing Learning			



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Table with 4 columns and 7 rows. Rows 1, 3, 5, and 7 contain section headers: '5. Experiences for all Students', '6. Assessing Students for Learning', '7. Developing as a Professional Educator'. Rows 2, 4, and 6 contain 'Ongoing progress assessment*'.

*Provide next steps and timeline revision.

My signature below acknowledges that we have met, discussed and developed this plan. I understand that my progress assessment shall become a part of my evaluation record.

Print Employee Name

Print Evaluator Name

Employee Signature Date

Evaluator Signature Date

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Employee
Evaluator