



Archdiocese of Seattle, Office for Catholic Schools

EMPLOYEE PERFORMANCE IMPROVEMENT PLAN

No .

Employee Name:

Date:

Position:

I. Concerns of the Supervisor:

II. Specific behaviors that need to be improved:

III. Plan for improving performance:

A. Action to be taken by _____ :

B. Action to be taken by Administrator:

IV. Date of follow up conference:

The information contained in this plan has been discussed by:

Employee Signature: _____ Date: _____

Administrative Signature: _____ Date: _____

FOLLOW - UP EVALUATION

Follow-up by:

(Teacher)

Follow-up by:

(Principal)

Employee Signature: _____ Date: _____

Administrative Signature: _____ Date: _____