

**Appendix A**  
**Putnam/Northern Westchester BOCES**  
**Teacher Improvement Plan (TIP)**

Teacher's Full Name \_\_\_\_\_  
Department \_\_\_\_\_  
Work Location \_\_\_\_\_ Date of TIP \_\_\_\_\_

- 1) What are the domains(s) in need of improvement?
  
- 2) What are the performance goals, expectations, benchmarks, standards and timeliness the teacher must meet in order to achieve the goal of an effective rating?
  
- 3) List any appropriate differentiated activities to support improvement, which should be directly connected to the areas specified as needing improvement in the observation/APPR evaluation.
  
- 4) How will improvement be measured and monitored, and provide for periodic reviews of progress and goal achievement?
  
- 5) What is the frequency and duration of meetings of the teacher, administrator, and mentor (if one is assigned)?

Signatures completed at the TIP Meeting:

Teacher's Signature: _____	Date: _____
Administrator's Signature: _____	Date: _____
Union Rep.'s Signature: _____	Date: _____

**Send signed document to Director of Human Resources & Professional Development for additional routing.**

Signatures completed after the TIP Meeting\*:

Department Director: _____	Date: _____
USA Exec. Bd. Member: _____	Date: _____

\* Indicated Receipt Only, Employee may submit a rebuttal

☐ \_\_\_\_\_ Additional Sheet(s) attached

☐ Teacher's Response Attached

c: Personnel File  
Signatories

**Appendix B**  
**Putnam/Northern Westchester BOCES**  
**Teacher Improvement Plan (TIP)**

**Progress Report**

Teacher's Full Name \_\_\_\_\_  
Department \_\_\_\_\_  
Work Location \_\_\_\_\_ Start of TIP \_\_\_\_\_

Progress Interval: (On or About Date)

☐ November 15<sup>th</sup>

☐ January 15<sup>th</sup>

☐ April 15<sup>th</sup>

Evaluator's Comments:

Signatures completed following the Progress Report:

Teacher's Signature: _____	Date: _____
Administrator's Signature: _____	Date: _____
Union Rep.'s Signature: _____	Date: _____

**Send signed document to Director of Human Resources & Professional Development for additional routing.**

Signatures completed following the Progress Report\*:

Department Director: _____	Date: _____
USA Exec. Bd. Member: _____	Date: _____

\* Indicated Receipt Only, Employee may submit a rebuttal

☐ \_\_\_\_ Additional Sheet(s) attached

☐ Teacher Response Attached

c: Personnel File  
Signatories

**Appendix C**  
**Putnam/Northern Westchester BOCES**  
**Teacher Improvement Plan (TIP)**

**Completion Report**

Teacher's Full Name \_\_\_\_\_  
Department \_\_\_\_\_  
Work Location \_\_\_\_\_ Start of TIP \_\_\_\_\_

Your performance on the Teacher Improvement Plan (TIP) was:

- ☐ Successfully completed  
☐ Unsuccessfully completed

Evaluator's Comments:

Signatures completed at the TIP Meeting:

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Union Rep.'s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send signed document to Director of Human Resources & Professional Development for additional routing.**

Signatures completed after the TIP Meeting\*:

Department Director: \_\_\_\_\_ Date: \_\_\_\_\_  
USA Exec. Bd. Member: \_\_\_\_\_ Date: \_\_\_\_\_

\* Indicated Receipt Only, Employee may submit a rebuttal

☐ \_\_\_\_\_ Additional Sheet(s) attached

☐ Teacher Response Attached

c: Personnel File  
Signatories