**Performance Improvement Plan 2016-2017**

**(For the improvement of instruction and professional growth)**

Staff Name: Grade / Subject:

1. **Goal / Objective:**
2. **Action Plan**: (Strategies, activities, or methods you believe will be helpful in accomplishing your goal.)
3. **Specific Performance Indicators:** (Evidence that the objective has been achieved. This section describes what you will expect as measures of your success and progress toward goal.)

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 **Administrator** **Signature** **Date**

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 **Supervisor** **Signature** (*as appropriate*) **Date**

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 **Staff Signature Date**