



EMPLOYEE NAME: \_\_\_\_\_ ID NO. \_\_\_\_\_ SCHOOL/DEPT \_\_\_\_\_

ASSIGNMENT \_\_\_\_\_ PIP START DATE \_\_\_\_\_ END DATE \_\_\_\_\_  
 30, 60, 90 DAY (CIRCLE ONE)

**PERFORMANCE IMPROVEMENT PLAN – FIRST PERFORMANCE GOAL OR EXPECTATION**

*Principal and/or Manager: Identify first goal; if more goals are needed, please use the following pages.*

**First Performance Goal or Performance Expectation:**

LEAD-Aligned Domain: Instructional Expertise ▾

High-level goal.

- Specific target within this goal
- (Specific target within this goal)
- (Specific target within this goal)

**Measurable Objective-Based Indicator(s) Specific to LEAD:**

PRINCIPAL will consistently perform at an **CHOOSE 1** level for "**CHOOSE DOMAIN**" by the end of the PIP, while consistently performing at an **Effective** level on the following LEAD behaviors:

- Lead behavior
- Lead behavior
- Lead behavior

as evidenced by:

**Resources and Supports to be Provided:**

- 

*Signature acknowledges receipt of plan for the goal, above.*

Employee Signature:

Date:

Principal or Manager Signature:

Date:



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**PERFORMANCE IMPROVEMENT PLAN – SECOND PERFORMANCE GOAL OR EXPECTATION**

*Principal and/or Manager: Identify second goal, if needed.*

**Second Performance Goal or Performance Expectation:**

LEAD-Aligned Domain: **Vision & Strategy** ▾

High-level goal.

- Specific target within this goal
- (Specific target within this goal)
- (Specific target within this goal)

**Measurable Objective-Based Indicator(s) Specific to LEAD:**

PRINCIPAL will consistently perform at an **CHOOSE 1** ▾ level for "**CHOOSE DOMAIN**" by the end of the PIP, while consistently performing at an **Effective** level on the following LEAD behaviors:

- Lead behavior
- Lead behavior
- Lead behavior

as evidenced by:

**Resources and Supports to be Provided:**

- 

*Signature acknowledges receipt of plan for the goal above.*

Employee Signature:

Date:

Principal or Manager Signature:

Date:



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**PERFORMANCE IMPROVEMENT PLAN – THIRD PERFORMANCE GOAL OR EXPECTATION**

*Principal and/or Manager: Identify additional goal, if needed.*

**Third Performance Goal or Performance Expectation:**

LEAD-Aligned Domain: Community & Equity ▾

High-level goal.

- Specific target within this goal
- (Specific target within this goal)
- (Specific target within this goal)

**Measurable Objective-Based Indicator(s) Specific to LEAD:**

PRINCIPAL will consistently perform at an **CHOOSE 1** level for "**CHOOSE DOMAIN**" by the end of the PIP, while consistently performing at an **Effective** level on the following LEAD behaviors:

- Lead behavior
- Lead behavior
- Lead behavior

as evidenced by:

**Resources and Supports to be Provided:**

- 

*Signature acknowledges receipt of plan for the goal above.*

Employee Signature:

Date:

Principal or Manager Signature:

Date:



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**PERFORMANCE IMPROVEMENT PLAN – FOURTH PERFORMANCE GOAL OR EXPECTATION**

*Principal and/or Manager: Identify additional goal, if needed.*

**Fourth Performance Goal or Performance Expectation:**

LEAD-Aligned Domain: **CHOOSE DOMAIN** ▾

High-level goal.

- Specific target within this goal
- (Specific target within this goal)
- (Specific target within this goal)

**Measurable Objective-Based Indicator(s) Specific to LEAD:**

PRINCIPAL will consistently perform at an **CHOOSE 1** ▾ level for “**CHOOSE DOMAIN**” by the end of the PIP, while consistently performing at an **Effective** level on the following LEAD behaviors:

- Lead behavior
- Lead behavior
- Lead behavior

as evidenced by:

**Resources and Supports to be Provided:**

- 

*Signature acknowledges receipt of plan for the goal above.*

Employee Signature:

Date:

Principal or Manager Signature:

Date:



EMPLOYEE NAME: \_\_\_\_\_ ID NO. \_\_\_\_\_ SCHOOL/DEPT \_\_\_\_\_

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30, 60, 90 DAY (CIRCLE ONE)

Dates for Periodic Reviews: \_\_\_\_\_

**PERFORMANCE DEVELOPMENT PLAN – OUTCOME AND SIGNATURES**

**EXTENSION**

YES

ADJUSTED END DATE:

NO

REASON:

- Development Goals successfully completed
- Development Goals have not been successfully completed.

Comments:

Employee Signature ( <i>signature represents receipt of this document; not necessarily agreement</i> )	Date
Evaluator Signature	Date
Principal's or Manager's Supervisor Signature	Date
Routing: <input type="checkbox"/> Department Head <input type="checkbox"/> Human Resources (Original - Required)	



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### Log of Observable Behaviors, Support, Communication and Feedback

*Manager, Principal and/or Designee: Record all observations, reflective feedback conversations, written and oral communication dates, and support to this log. For observations, indicate whether observation was announced or unannounced and who conducted the observation. For supports, indicate the amount of time that each support was provided.*

**Types of Data:**    **O**=Observation    **R**= Reflective Feedback Conversation    **W**=Written Communication    **S**= Support    **R** = Records

**Note:** A single data source or a record of teaching may be used to document multiple standards.

Date	Time; Place; Subject and/or Activity	Type(s) of Data	Standard(s) Referenced, Data Description, Comments