

OPTIONAL INDIVIDUAL IMPROVEMENT PLAN FOR TEACHERS

NAME OF SCHOOL _____
 EFFECTIVE SCHOOL PLAN NUMBER _____
 SCHOOL YEAR: _____

PERSON(S) IN GROUP _____

GRADE LEVEL(S): _____

*AREA(S) OF CONCERN (*Minimum of 3)	OBJECTIVE(S) RELATIVE TO IDENTIFIED AREA OF NEED	STRATEGIES FOR MEETING OBJECTIVE CODE BY EFFECTIVE SCHOOL CORRELATED CODE:			R A N K	C O D E	PERSON(S) RESPONSIBLE	ASSESSMENT(S)	DATE BEGAN (B)
		Leadership (L)	Climate (C)	Monitoring (M)					Expectations for Students (ES)