

## IMPROVEMENT PLAN -- ADMINISTRATOR

Name \_\_\_\_\_ Evaluator(s) \_\_\_\_\_

Position \_\_\_\_\_ School/  
District \_\_\_\_\_

Date \_\_\_\_\_

1. Identify specific deficiencies and recommended areas of growth related to one or more of the DPAS II components.

2. List specific measurable goals for improving the deficiencies and recommended growth areas to satisfactory levels.

3. Identify resources and strategies necessary to implement the Improvement Plan.

4. List evidence that must be submitted to evaluate growth and improvement of the identified deficiencies or recommended areas of growth.

5. Identify a timeline for completion of the Improvement Plan, along with times for intermediate checkpoints.

6. Indicate how satisfactory performance as defined by the Improvement Plan will be determined.

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator

\_\_\_\_\_  
Date

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### Completion of the Improvement Plan

The administrator has completed the Improvement Plan.

Satisfactory

Unsatisfactory

Administrator's  
Signature

\_\_\_\_\_

Date:

\_\_\_\_\_

Evaluator's  
Signature

\_\_\_\_\_

Date:

\_\_\_\_\_