

## PERFORMANCE EVALUATION REMEDIATION PLAN Form

Teacher's Name:	School Year
School Assignment(s):	Work Assignment(s):
In what areas was the teacher found to be deficient as documented on the PERFORMANCE EVALUATION PLAN RESULTS which resulted in an evaluation rating of "Ineffective" or "Improvement Necessary":	
Action Plan for correcting the deficiencies:	
Timeline for correcting the deficiencies (at most one semester, or no more than 90 school days if one semester exceeds ninety (90) days per IC 20-28-11.5-6(b)):	
Describe indicators/evidence of progress towards accomplishing the goal:	
Describe the resources/support that you anticipate needing in order to accomplish the goal (include how license renewal credits may be incorporated):	
Staff Member Signature:  Date:	Administrator Signature:  Date: