**APPR Teacher Improvement Plan**

(To be developed collaboratively and implemented no later than October 1st in the school year following the school

 year for which such teacher’s performance is being measured, or as soon as practicable thereafter )

Teacher Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal/Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initial Meeting Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rubric Domain: \_\_\_\_\_\_\_\_ Rubric Element: \_\_\_\_\_\_\_\_\_

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| --- | --- |
| Area in Need of Improvement |  |
| Desired Outcomes |  |
| Activities to Support Reaching Desired Outcomes |  |
| Timeline for Completion |  |
| Resources to be Provided by District |  |
| Evidence to Support Achievement of Goal |  |
| Was Desired Outcome Achieved? Yes/No & Date |  |