

# ONC BOCES Teacher Improvement Plan

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator(s): \_\_\_\_\_

1. Identify specific areas of deficiency related to one or more Indicators of Success.
2. List specific measurable goals for improving each deficiency listed above.
3. Identify professional development and/or activities necessary to accomplish the goals. Include the person(s) responsible, teacher and/or administrator, for each activity.
4. Identify a timeline for completion of each goal in the Improvement Plan. Include target dates for intermediate checkpoint meetings.
5. Identify the evidence that will be used to evaluate growth and improvement of the identified deficiencies / areas of growth.

## Proposed Checkpoint Meeting Log

Administrator and teacher will develop and list a proposed checkpoint meeting schedule to review the TIP. As checkpoint meetings occur, the administrator and teacher will provide a summary of discussions and, if appropriate, evidence collected.

\_\_\_\_\_  
Teacher's Signature Date

\_\_\_\_\_  
Administrator's Signature Date

\_\_\_\_\_  
Teacher Representative or Witness Signature Date

\_\_\_\_\_  
or Teacher's Signature Waiving Representation Date

\_\_\_\_\_  
Other District Representative Date

## Amendments to the Teacher Improvement Plan

Should the TIP need to be amended, whether a result of an unsatisfactory rating of the completion of the TIP or the teacher and their principal / lead evaluator's decision to modify the TIP to better serve and actuate the teacher's performance improvement, the teacher and principal / lead evaluator will stipulate the amendments and provide signatures to same below.

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Teacher's Signature Date

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Administrator's Signature Date

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Teacher Representative or Witness Signature Date

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or Teacher's Signature Waiving Representation Date

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Other District Representative Date

TIP Completion - Level at which the teacher has completed the Improvement Plan.

Satisfactory  Unsatisfactory (TIP will be adjusted and continued)

Comments:

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Teacher's Signature Date

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Administrator's Signature Date

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Teacher Representative or Witness Signature Date

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or Teacher's Signature Waiving Representation Date

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Other District Representative Date