

West Virginia Educator Evaluation
Plans to Support Continuous Improvement:
Corrective Action Plan*

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|---|-----------------------------|
| Educator: | Evaluator: |
| School: | County: |
| Grade/Content: | Focused Support Plan Dates: |
| Begin Date: | End Date: |
| Area(s) of unsatisfactory performance with Standard(s): | |
| Expectations and Goals for Corrective Action Plan: | |

Support to be given (check those that apply):

- Professional Development
- Mentoring
- Coaching/Instructional Support
- Peer Observation
- Programs of Study
- Other Supports

Other educators to be used as resources:

Explain support to be given:

General timeline for Corrective Action Plan implementation (18 weeks):

Plan Agreement:

My signature below signifies my understanding of the expectations in the above plan as described.

Educator's Signature _____ Date _____

My signature below signifies that I have carefully reviewed the above plan with the educator, and I have clearly communicated my expectations within the plan and agree to provide support.

Educator's Signature _____ Date _____

- If evidence does not demonstrate that adequate progress has been made at the conclusion of the 18-week period, termination for unsatisfactory performance shall ensue.

Corrective Action Plan Evidence

The teacher has made:

- Adequate progress.
- Inadequate progress.

Evidence of the **above** statement:

Educator's Signature _____ Date _____

Educator's Signature _____ Date _____