Teacher Improvement Plan

Name of Teacher: ____________________________________________

Participants in the formulation of this TIP:
__________________________________________________________
__________________________________________________________

Identify the area(s) of improvement identified in the annual evaluation:
1. _________________________________________________________
2. _________________________________________________________
3. _________________________________________________________
4. _________________________________________________________

This plan will begin on: ______________________

The parties to this agreement will meet on the following dates to review and evaluate the plan and formulate modifications if necessary:
__________________________________________________________
__________________________________________________________
__________________________________________________________

Any changes or modification to the plan must be in writing and will be appended to this document.

_________________________________________ Date
Teacher

_________________________________________ Date
Administrator

_________________________________________ Date
Union Representative

Attach a copy of the teacher’s evaluation to this form
# Teacher Improvement Plan

**Area Needing Improvement:**

- ____________________________________________

**Timeline for improvement:**

- ____________________________________________

**Manner in which improvement will be assessed:**

- ____________________________________________

**Differentiated Activities to Support Improvement:**

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<th>Activity</th>
<th>Time</th>
<th>Location</th>
<th>Goal</th>
<th>Other personnel involved</th>
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*Complete this form for each area identified as needing improvement*