San Luis Obispo County Office of Education

# Management Improvement Plan

The purpose of this form is to create an improvement plan for each area marked “Needs Improvement” or “Unsatisfactory” on the Management Evaluation Form. Please attach to the evaluation form. A separate plan is required for each area.

|  |  |
| --- | --- |
| **Focus Area:**  1. Provides Leadership  2. Manages Area Responsibilities  3. Supervises, Evaluates, and Promotes Professional Growth  4. Develops a Positive and Effective Organizational Climate | **Comments** (taken from the Management Evaluation Form): |
| **Plan to improve focus area marked above:**   * Strategies – What do you expect to see? * Techniques – What will be done to reach the expected outcomes? * Evidence – What will be used to indicate progress? | **Timeline:** |

I understand that this improvement plan will be attached to my evaluation. My next evaluation will be reflective of my progress on this Improvement Plan.

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Employee Date

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Supervisor Date

PROGRESS REPORT

Progress on this improvement plan must be regularly monitored. As an initial progress check, this section is to be filled out no later than 60 duty days after the last evaluation and submitted to the HR department along with the original evaluation and improvement plan.

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| This Action Plan was: | Comments: |
| Fully Accomplished |  |
| In Progress |  |
| Not Accomplished |  |

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Employee Date

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Supervisor Date