**Hardin County Schools**

**Individual Corrective Action/Improvement Plan**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Title: | Work Site: | Date: |

|  |  |  |  |
| --- | --- | --- | --- |
| Professional Standard or Domain | Growth Objective/Goal(s) (Describe the desired outcomes) | Procedures and Activities for Achieving Goals and Objectives (Include support personnel) | Target Dates |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Attach more pages if necessary

|  |
| --- |
| Evaluatee’s Comments: |

|  |  |
| --- | --- |
| Individual Corrective Action Plan Developed: | Status : \_\_\_\_Achieved \_\_\_\_Revised \_\_\_\_Continued |
|  |  |
| Evaluatee’s Signature Date | Evaluatee’s Signature Date |
|  |  |
| Evaluator’s Signature Date | Evaluator’s Signature Date |

Progress Review Meetings

|  |  |
| --- | --- |
| Date: | Comments |
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |