

INDIVIDUAL CORRECTIVE ACTION PLAN

School Year _____ Date _____

Employee _____ Grade/Content _____

Standard Number	Growth Objective/Goal(s) (describe desired outcomes)	Procedures and Activities for Achieving Goals and Objectives (including support personnel)	Appraisal Method and Target Dates

(Attach more pages if necessary)

Evaluatee's Comments:

Individual Corrective Action Plan Developed:	STATUS: <input type="checkbox"/> Achieved <input type="checkbox"/> Revised <input type="checkbox"/> Continued	STATUS: <input type="checkbox"/> Achieved <input type="checkbox"/> Revised <input type="checkbox"/> Continued
----- ----- (Evaluatee's Signature) ----- (Date)	----- ----- (Evaluatee's Signature) ----- (Date)	----- ----- (Evaluatee's Signature) ----- (Date)
----- ----- (Evaluator's Signature) ----- (Date)	----- ----- (Evaluator's Signature) ----- (Date)	----- ----- (Evaluator's Signature) ----- (Date)