

**St. Lucie Public Schools
Performance Improvement Plan (PIP) (Non-Instructional Staff)**

Employee Name	Employee Work Location	Supervisor	Date Plan Initiated

Performance Indicator – Attendance Policies and Procedures

Area(s) in Need of Improvement	Expected Improvement	Assistance Provided

Performance Indicator – Initiative

Area(s) in Need of Improvement	Expected Improvement	Assistance Provided

Performance Indicator – Customer Service & Relationships

Area(s) in Need of Improvement	Expected Improvement	Assistance Provided

Performance Indicator – Job Knowledge

Area(s) in Need of Improvement	Expected Improvement	Assistance Provided

Performance Indicator – Productivity

Area(s) in Need of Improvement	Expected Improvement	Assistance Provided

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Performance Indicator – Quality of Work

Area(s) in Need of Improvement	Expected Improvement	Assistance Provided

Performance Indicator	Summary of Improvement
Job Knowledge and Skills	
Quality of Work	
Productivity	
Customer Service/Work Relationships	
Critical Thinking/Flexibility	
Ethics, Regulations, Policies, and Procedures	
Employee Development and Initiatives	

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Meeting Dates	Employee Signatures	Supervisor Signatures
Initial Meeting:	Signature:	Signature:
Weekly Progress Meetings		
Week 1 Meeting:	Signature:	Signature:
Week 2 Meeting:	Signature:	Signature:
Week 3 Meeting:	Signature:	Signature:
Week 4 Meeting:	Signature:	Signature:
Week 5 Meeting:	Signature:	Signature:
Week 6 Meeting:	Signature:	Signature:
Adequate Improvement Shown:	Signature: Date:	Signature: Date:
Adequate Improvement Not Shown:	Signature: Date:	Signature: Date:

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SUPPORT TEAM MEETING LOG

Complete one form for each meeting held. Support Team Meetings should take place at the end of each week and should be attached to the PIP.

Meeting Date _____ Time _____

Place _____

Members Present:

Teacher Comments: (Review of progress/activities since last meeting)

Observation/Comments from Team Regarding Areas Identified for Improvement:

Administrative Support, Feedback, Resources and Development Needed:

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____