

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

Employee Name	Employee Work Location	Supervisor	Date Plan Initiated

Strategy – (Insert Strategy Needing Improvement)

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

Strategy – (Insert Strategy Needing Improvement)

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Strategy – (Insert Strategy Needing Improvement)**

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

Strategy – (Insert Strategy Needing Improvement)

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

Strategy	Summary of Improvement
Insert Strategy Needing Improvement	
Insert Strategy Needing Improvement	
Insert Strategy Needing Improvement	
Insert Strategy Needing Improvement	
Insert Strategy Needing Improvement	
Insert Strategy Needing Improvement	
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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 _____