PLAN FOR IMPROVEMENT JPAS Addendum



Employee Name	
School	
Position/Assignment	eacher
Supervisor	
Date	
	☐ Career Educator (This form is REQUIRED) ✓ Provisional Educator
and resources for impro- the following have been Evaluation for Licensed evaluation(s) of the curre AREAS OF IMPR By January 6	ent is intended to provide you with clear, concise details outlining the concerns, expectations wement (http://jes.jordandistrict.org/educators/resources). According to your JPAS evaluation identified as "Minimally Effective or Not Effective" and require improvement. (DP311-1 Personnel) This plan for improvement supplements the JPAS results for the following int contract year (check one). First Evaluation
Expectation	 Writing I can statements or objectives and review them with the students before and after a lesson. Include key ideas students must understand to meet the objective (rubric or scoring guide to go along with objective).
Resources	-Consulting Ed -Help with writing from the literacy departmentCBL and Math Website (has I can statements)
2. will	use her management system consistently on a daily basis.
Expectation	* Use clip chart * Use class DoJo * Positive reinforcement - class points * if needed use ideas from training on Nov. 6
Resources	Training packet Consulting Ed

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Expectations	
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Jordan Evaluation Syst	ms: Teaching.aspx http://jes.jordandistrict.org/educators/resources/
Jordan Evaluation Syst	ws: http://jes.jordandistrict.org/educators/resources/ ✓ Yes ☐ No (indicates educator declined a Consulting Educator)
will be to monitor your p	onitoring is vital for improvement. Progress meetings, on the dates and times listed below ogress. It is expected that you will be prepared to present evidence and/or discuss your ess meeting(s) will be held prior to your next JPAS evaluation. At least one (1) progress
Progress Meeting(s)	1 st Meeting 12/21/15 Day/Date/Time
	2 nd Meeting
	Day/Date/Time
Your next JPAS eval	ation may begin on: 2/8/16
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	A work to printing that each test on it
signature below indicates that	have received a copy of this Plan for Improvement.
iployee Signature:	Date:
nployee Signature:	Date:
incipal Signature	Date: