

Chapman Public Schools

Employee Improvement Target Plan

Staff Member: _____

School: _____

Assignment: _____

Date: _____

Evaluator: _____

Identify the recommended corrective action:

Evidence of sufficient improvement will include the following:

Identify the results if corrective action is not implemented:

Identify the time line schedule to complete the corrective action:

Staff Member: _____

Date: _____

Evaluator: _____

Date: _____

Review Date: _____

Review Date: _____

Review Date: _____