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|  **Performance Improvement Plan** **Non-Teaching Licensed Staff**  |
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**Licensed Staff Name**: **Position**:

**Building/Program Administrator**: **Date**:

**Purpose:** To address Performance Concerns

**Areas of Improvement as identified in the Performance Evaluation**:

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**This portion is completed by the Staff Member:**

Describe your plan for improvement, including objective(s), when and how improvement will be measured, and support needed.

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**This portion is completed by Administrator:**

Identify the administrator’s responsibilities in providing support for and measurement of the success of this plan:

Date Plan is to be completed: Reviewed:

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Teacher/Licensed Staff Signature Date Administrator’s Signature Date

Next Steps:

* Continue Performance Improvement Plan
* Resume Regular Evaluation Cycle
* Write New Performance Improvement Plan.
* Issue Notice of Deficiency
* Recommend Termination
* Recommend Non-Renewal (Probationary Staff)