West Virginia Educator Evaluation
Plans to Support Continuous Improvement:
    Corrective Action Plan*

<table>
<thead>
<tr>
<th>Educator:</th>
<th>Evaluator:</th>
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<tbody>
<tr>
<td>School:</td>
<td>County:</td>
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<tr>
<td>Grade/Content:</td>
<td>Focused Support Plan Dates:</td>
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<tr>
<td>Begin Date:</td>
<td>End Date:</td>
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</tbody>
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Area(s) of unsatisfactory performance with Standard(s):

Expectations and Goals for Corrective Action Plan:
Support to be given (check those that apply):
- Professional Development
- Mentoring
- Coaching/Instructional Support
- Peer Observation
- Programs of Study
- Other Supports

Other educators to be used as resources:

Explain support to be given:

General timeline for Corrective Action Plan implementation (18 weeks):
Plan Agreement:

My signature below signifies my understanding of the expectations in the above plan as described.

Educator’s Signature ___________________________ Date _________________

My signature below signifies that I have carefully reviewed the above plan with the educator, and I have clearly communicated my expectations within the plan and agree to provide support.

Educator’s Signature ___________________________ Date _________________

• If evidence does not demonstrate that adequate progress has been made at the conclusion of the 18-week period, termination for unsatisfactory performance shall ensue.
Corrective Action Plan Evidence

The teacher has made:

☐ Adequate progress.
☐ Inadequate progress.

Evidence of the **above** statement:

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Educator’s Signature _______________________________ Date ______________________

Educator’s Signature _______________________________ Date ______________________