

INSTRUCTIONAL PERFORMANCE EVALUATION and GROWTH SYSTEM (IPEGS) IMPROVEMENT PLAN (IP)

Professional _____

Employee # _____

Date _____

Provide the performance standard that is the focus of the IP (*Only one performance standard per form*): _____

Deficiency(s) Observed:

Resource(s):

Activity(s)/Responsible Party(s):

Date Due:

Professional's Signature: _____ Date: _____

Site Administrator's Signature: _____ Date: _____

***Professional's signature signifies receipt and does not necessarily indicate agreement with its contents.**

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