



CORRECTIVE PLAN UPDATE
(Due at least annually by May 1)

EMPLOYEE: _____

POSITION: _____

SCHOOL: _____

PRINCIPAL: _____
printed name/signature

DATE ACTION PLAN INITIATED: _____

DATE OF THIS REPORT: _____

1. This Corrective Plan Update form, when submitted must include a copy of the Corrective Plan and any documentation compiled under the Corrective Plan, but not previously sent to the employee's personnel file (please review the employee's district file prior to submitting this update).
2. When responding to each section of this update, do not feel constrained by the space allotted (use the back or attach sheets).



I. Has the employee completed each strategy listed for each problem?

_____ Yes

_____ No For any strategy that has not been completed, identify the strategy and the Problem Statement to which it applies, and provide an explanation.

Problem Statement by # Strategy by # Explanation of Lack of Completion

II. To what extent do you believe each Corrective Plan problem has been resolved? Just check.
(complete for problem statement #s that actually appear on attached plan)

Problem No.	Has gotten worse	Slightly Improved	Improved	Significantly Improved	Fully Resolved
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

III. What, if any, additional resources or actions are needed to effectively resolve the problems above that are not fully resolved?



- IV. Have any additional problems arisen during the course of the Action Plan?
 _____ No (proceed to V)
 _____ Yes (proceed to IV A and B below)

A. If yes, explain the problem(s)

B. If yes, have any revisions been made to the Corrective Plan?

_____ Yes. Please describe or attach the revision(s).

_____ No. Do any revisions need to be made?

_____ No

_____ Yes. If Yes, please describe.

V. Recalling your training and the "fork in the road" analogy, please indicate this employee's current overall location:

[still in progress]

Improved to a Satisfactory level

Cannot or will not Improve to a Satisfactory Level