

Evans-Brant Central School District
Lake Shore Central Schools

Principal Improvement Plan

Principal's Name: _____

Building Assignment: _____ **Date:** _____

Evaluator's Name: _____ **Title:** _____

Goals for the _____ School Year (Based on MPPR when applicable):

Areas in Need of Improvement	Professional Learning Activities the principal should complete to improve skills

Timeline for achieving improvement:

Evidence acceptable to demonstrate and assess improvement (list any artifacts that the principal must produce when applicable):

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Name: _____ **Date:** _____

Additional support and assistance the principal will receive:

Date that principal and evaluator will meet to review the outcome of this plan, artifacts and evidence _____

Principal's Signature: _____ **Date:** _____

Evaluator's Signature: _____ **Date:** _____

(The employee's signature is required and indicates receipt of a copy of the Principal Improvement Plan.)