

Evans-Brant Central School District
Lake Shore Central Schools

Teacher Improvement Plan

Name: _____ **Building Assignment:** _____

Date: _____ **Grade Level / Subject Assignment(s):** _____

Administrator's Name: _____ **Title:** _____

<p>New York State Teaching Standards*</p> <p>Knowledge of Students and Student Learning Knowledge of Content and Instructional Planning Instructional Practice Learning Environment Assessment for Student Learning Professional Responsibilities and Collaboration Professional Growth</p> <p style="text-align: center;">*The 16 page document can be found at the NYSED website or www.lakeshorecsd.org.</p>
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Goals for the _____ School Year (Based on New York State Teaching Standards when applicable):

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

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Timeline for achieving improvement:

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

Additional support and assistance the educator will receive:

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

Administrator's Signature: _____ **Date:** _____

Employee's Signature: _____ **Date:** _____

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