

PUPIL
PERSONNEL SERVICE
PROVIDER

IMPROVEMENT

PLAN
(PIP)

PPS Provider Improvement Plan

The PPS Provider Improvement Plan (PIP) is designed to provide support through communication, discussion and collaboration in the area (s) of significant concern. The administrator and PPS Provider will jointly determine the strategies to be taken to overcome the deficiencies, but it is agreed that the primary responsibility for correction of the deficiencies remains with the PPS Provider. The administrator and PPS Provider will agree on a mutual time-line to improve any noted deficiencies.

The Purpose of a PIP is to :

- improve PPS Provider performance;
- provide targeted, intensive assistance process;
- provide additional support;
- provide due process for possible disciplinary action;
- provide information to determine tenure (if appropriate)

Referral to PIP

1. The administrator may recommend a PPS Provider for the PIP component when the concerns are such that an intensive intervention process is necessary.
2. The administrator, via written report to the Superintendent or designee, will initiate the recommendation. A copy of the report will also be provided to the PPS Provider. The recommendation will include:
 - A description of the concerns as they relate to the PPS Provider's proficiency in demonstrating the Criteria for Effective Teaching.
 - An explanation of how the PPS Provider is expected to benefit from the PIP.
 - Documentation of previous efforts made by administrator and/or PPS Provider to improve performance.
3. If the PPS Provider recognizes that there are deficiencies in performance and exhibits a willingness to address the concerns, the PIP component will commence.
4. If the PPS Provider refuses to recognize deficiencies and/or rejects the recommendation for a PIP, the District will take appropriate action with regard to due process.

PPS PROVIDER IMPROVEMENT WORKSHEET

(To be completed jointly by PPS Provider and administrator)

Name _____ Building _____ Grade/Subject/Title _____

AREA(S) NEEDING IMPROVEMENT	ACTION STEPS (Provide detailed description)	TIMELINE FOR COMPLETION	EVIDENCE

PPS Provider's Comments:

Administrator's Comments:

PPS Provider's Signature

Date

Administrator's Signature

Date

PPS PROVIDER IMPROVEMENT PLAN EVALUATION SHEET

NAME _____ BUILDING _____ GRADE/SUBJECT/TITLE _____

AREA(S) NEEDING IMPROVEMENT	ACTION STEPS	SATISFACTORY PROGRESS		ACTION STEPS COMPLETED	
		YES	NO	YES	NO
PIP Satisfied?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, recommendations must be specified in the Administrator's Comments below.)				

PPS Provider's Comments: _____

Administrator's Comments: _____

PPS Provider's Signature **Date** 3 **Administrator's Signature**

Date