Individualized Improvement Plan

Administrator: _________________________________________________________________

Date of Last Conference: ________________

Date of Report: ________________

Supervisor: ___________________________________________________________________

Approximate Date of Next Conference: ________________

Areas Needing Improvement: _____________________________________________________
______________________________________________________________________________

Plan for Improvement: __________________________________________________________
______________________________________________________________________________

Timeline for Improvement: _______________________________________________________
______________________________________________________________________________

Observer Comments: ___________________________________________________________
______________________________________________________________________________

The supervisor has explained this summary of performance to me.

Signature of Administrator: _______________________________________________________
Date: ______________________

Signature of Employee: _________________________________________________________
Date: ______________________

I understand a copy of this form will be placed in my personnel file in accordance with Idaho Code 33-518. Signature does not indicate agreement or disagreement with the statements herein.