

**ADMINISTRATION**

**6320F2**

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.**