OPES 2.0 Improvement Plan Form

Administrator Name: ___________________________________________________________ School year: ___________________

Building: _______________________________________________________ Date of Improvement Plan Conference: ____________

Written Improvement Plans are to be developed when an educator receives an overall Ineffective rating or an Ineffective rating on any of the components of the OPES 2.0 system. The purpose of the Improvement Plan is to identify specific deficiencies in performance and foster growth through professional development and targeted support. If corrective actions are not made within the time as specified in the Improvement Plan, the evaluator may recommend continuing the plan or termination/non-renewal of the administrator’s contract.

Section 1: Improvement Statement – List specific areas for improvement as related to the Ohio Standards for Principals (2018). Attach documentation.

<table>
<thead>
<tr>
<th>Performance Standard(s) Addressed in this Plan</th>
<th>Date(s) Improvement Area or Concern Observed</th>
<th>Specific Statement of the Concern: Areas of Improvement</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Section 2: Desired Level of Performance – List specific measurable goals to improve performance. Indicate what will be measured for each goal.

<table>
<thead>
<tr>
<th>Goal(s)</th>
<th>Level of Performance: Specifically Describe Successful Improvement Target(s)</th>
<th>Starting Date</th>
<th>Check-In Date(s)</th>
<th>Ending Date</th>
</tr>
</thead>
<tbody>
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</table>

OPES 2.0 Improvement Plan Form (continued)

Section 3: Specific Plan of Action

Describe in detail specific plans of action that must be taken by the administrator to improve his/her performance. Indicate the sources of evidence that will be used to document the completion of the Improvement Plan.

<table>
<thead>
<tr>
<th>Actions to be Taken</th>
<th>Sources of Evidence that Will Be Examined</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Section 4: Assistance and Professional Development

Describe in detail specific supports that will be provided, as well as opportunities for professional development.

Date for this Improvement Plan to be Evaluated:

Administrator’s Signature: ___________________  Date: __________

Evaluator’s Signature: ___________________  Date: __________

*The evaluator’s signature on this form verifies the proper procedures, as detailed in the local contract, have been followed.*
OPES 2.0 Improvement Plan Form: Evaluation of Plan

Administrator Name: ___________________________________________________________ School year: ________________

Building: _______________________________________________________ Date of Improvement Plan Conference: ________________

The Improvement Plan will be evaluated at the end of the time specified in the plan and will result in one of the following actions:

☐ Improvement demonstrated and professional standards met a satisfactory level of performance.

☐ Continue with the Improvement Plan for a specified amount of time. Date:

☐ Recommend termination/non-renewal.

Comments: Provide justification for recommendation indicated above and attach evidence to support recommended course of action.

I have reviewed this evaluation and discussed it with my evaluator. My signature indicates I have been advised of my performance status; it does not necessarily imply that I agree with this evaluation.

Administrator’s Signature: __________________________ Date: __________

Evaluator’s Signature: _____________________________ Date: ______________

The evaluator’s signature on this form verifies the proper procedures, as detailed in the local contract, have been followed.