

BROWARD COUNTY PUBLIC SCHOOLS PERFORMANCE IMPROVEMENT PLAN

NAME:	PERSONNEL#:	DATE:
Category identified as Ineffective (one per page):		
Specific description/criteria of areas needing improvement:		
Activities/Tasks for improvement:		Timeline for task completion:
Additional comments of the Appraiser:		
Comments of the Appraisee (additional comments may be attached within 10 days):		
ALL DEFICIENCIES MUST BE REMEDIATED BY THIS DATE:		Next Review Date:
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Appraiser Date	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Appraisee Date	Failure to remediate all identified Categories will result in: