



Oak Ridge Schools Employee Improvement Plan Progress Form

Employee Name _____ School/Dept. _____

School Administrator/Supervisor _____

Title _____

Employee Assignment _____

Mid Conference Summary:

Date
Summary
Date
Summary

Areas of Improvement:

1.	
2.	
3.	

Areas still in need of Improvement:

1.	
2.	
3.	

Current Employee Performance: Has the expected growth/improvement been achieved?

Successful _____ Partially Successful _____ Unsuccessful _____

Principal/Supervisor Recommendation: Specify next steps to be taken based upon whether the employee has been successful, partially successful or unsuccessful in efforts to improve performance.

1.	
2.	
3.	

Employee Signature _____ Date _____

Principal/Supervisor Signature _____ Date _____