Teacher	Diocese of Gaylord Performance Action Plan
Teacher's name:	Building:
Subject/Grade:	Date:

Goal(s) for performance improvement:	
Tool(s) used for self-assessment:	
Date and time when goal(s) will be completed and discussed:	
Date:	
Time:	
Date and time for follow-up observation:	
Date:	
Time:	
Status of goal(s) for performance improvement:	

Teacher's Signature

Date

Principal's Signature

Date