**PLAINVIEW-OLD BETHPAGE SCHOOL DISTRICT**

**PRINCIPAL IMPROVEMENT PLAN**

Name of Principal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Building: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Year: \_\_\_\_\_\_\_\_\_

Deficiency that promulgated the “ineffective” or “developing” performance rating:

Improvement Goal/Outcome:

Action Steps/Activities:

Timeline for Completion:

Required and Accessible Resources (including identification of responsibility for provision):

Dates of Formative Evaluation on Progress (lead evaluator and principal initial each date to confirm the meeting):

Evidence to be Provided for Goal Achievement:

Assessment Summary: Superintendent is to attach a narrative summary of improvement progress, including verification of the provision of support and resources as outlined above no later than 10 days after the identified completion date. Such summary shall be signed by the superintendent and principal with the opportunity for the principal to attach comments.

Superintendent’s Signature and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature and date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_