



**Union County Educational Services Commission
Corrective Action Plan (PDP)
2018 - 2019**

District Name	School Name	Date
Staff Member Name	Supervisor Name	Plan Begin/End Dates

I. Areas Identified for Improvement

No.	Areas Identified for Improvement	Sources of Information/Evidence	Corresponding Component of Evaluation Practice Instrument (if applicable)
1			
2			
3			

II. Goals and Professional Responsibilities

Area No.	Demonstrable Goals	Staff Member Responsibilities	Supervisor Responsibilities	Completion Date	Estimated Hours
1					
2					
3					

My signature below indicates that I have received a copy of this Corrective Action Plan and that I understand and contributed to its contents.

Staff Member's Signature: _____ Date: _____

Supervisor's Signature: _____ Title: _____ Date: _____

III. CAP Progress Summary



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Interim Review of CAP Progress

Area No.	Demonstrated Progress	Sources of Evidence	CAP Revisions (if applicable)	Review Date
1				
2				
3				

My signature below indicates that I have reviewed the information recorded in the Interim Review of CAP Progress and that I understand its contents:

Staff Member's Signature: _____

Date: _____

Summative Review of CAP Progress

Area No.	Demonstrable Goals	Expectations Met (Y) or Not Met (N)	Sources of Evidence	Review Date
1				
2				
3				

My signature below indicates that I have reviewed the information recorded in the Summative Review of CAP Progress and that I understand its contents:

Staff Member's Signature: _____

Date: _____