APPENDIX C

SECRETARIAL & I.S. TECHNICIAN IMPROVEMENT PLAN

(Required for Unsatisfactory Performance Appraisals)

INSTRUCTIONS:
1. TO BE COMPLETED BY THE COPE EMPLOYEE AND PRINCIPAL/SUPERVISOR TOGETHER IN A COLLABORATIVE FASHION.

NAME: _____ **DATE:** _____

Area of Development	Goal(s)	Plan to Support Goals	Timeline

_____ _____
Signature of Employee Date

_____ _____
Signature of Principal/Supervisor Date