



Orange Focus Professional Improvement Plan FPIP

School:		Principal:	
Staff Member:		Grade/Content:	
* Observation Date:			

**Please place your comments in the boxes provided below*

TEACHER		
Teacher's Professional Goal (1):	Domain:	Element:
Objective(s):		
Procedure:		
Teacher's Professional Goal (2):	Domain:	Element:
Objective(s):		
Procedure:		
Timeline:	From:	To:

Teacher's Signature:		Date:	
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* Please fill this section out completely

Administrative Support (Date & Time):	
Coach (Date & Time):	
Teacher Observation of Colleagues Class Dates (Date & Time):	
Other (Date & Time):	
Principal's Signature & Date:	

Professional Reading/Research:			
Staff Development:			
Met Plan:		Did not Meet Plan (*Details on goals and objectives not met)	
Principal's Signature:		Date:	
Teacher's Signature:		Date:	

*Back up support plan(s) attached