

**Baltimore City Public School System
Performance-Based Evaluation**

Performance Improvement Plan (PIP)

Name: _____	Employee ID #: _____
School Name: _____	School #: _____

Date _____	Subject/Position: _____
Qualified Observer _____	

Statement of Area(s) Targeted for Improvement

Actions Teacher Will Take To Correct Problem(s)

Assistance Teacher Will Need From Principal to Help Correct Problem(s)

Action Plan

Actions/Activities/Events	Target Date	Review Date ²	Assessment of Progress

Attach additional sheet if necessary

Distribution:

Copy – Teacher

Copy – Qualified Observer

Performance Improvement Plan

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²Each review is intended to document support and assistance provided to the teacher.

PIP Appraisal

PIP Appraisal	Teacher's Comments	Qualified Observer's Comments
<p><i>First Review</i></p> <p><input type="checkbox"/> End PIP <input type="checkbox"/> Continue PIP</p> <p><i>Date:</i> _____</p>		
<p><i>Second Review</i></p> <p><input type="checkbox"/> End PIP <input type="checkbox"/> Continue PIP</p> <p><i>Date:</i> _____</p>		
<p><i>Third Review</i></p> <p><input type="checkbox"/> End PIP <input type="checkbox"/> Continue PIP</p> <p><i>Date:</i> _____</p>		

Teacher's Signature: _____ Date: _____

Qualified Observer's Signature: _____ Date: _____