

CORRECTIVE ACTION PLAN UPDATE (Due at least annually by May 1)						
POSITION:						
SCHOOL/DEPARTMENT:						
SUPERVISOR: printed name/signature						
DATE ACTION PLAN INITIATED:						
DATE OF THIS REPORT:						

- 1. This Corrective Plan Update form, when submitted must include a copy of the Corrective Plan and any documentation compiled under the Corrective Plan, but not previously sent to the employee's personnel file (please review the employee's district file prior to submitting this update).
- 2. When responding to each section of this update, do not feel constrained by the space allotted (use the back or attach sheets).



I. Has the employee completed each strategy listed for each problem?

Yes					
No	For any strategy that has not been completed, identify the strategy and the Problem Statement to which it applies, and provide an explanation.				
Problem Statement by #	Strategy by #	Explanation of Lack of Completion			

II. To what extent do you believe each Corrective Plan problem has been resolved? Just check. Complete only for the problem statement items that appear on the attached plan.

Problem No.	Regressed	Slightly Improved	Improved	Significantly Improved	Fully Resolved
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					



III. What, if any, additional resources or actions are needed to effectively resolve the problems above that are not fully resolved?

IV. Have any additional problems arisen during the course of the Action Plan?

_____ Yes (proceed to IV A and B below)

_____ No (proceed to V)

A. If yes, explain the problem(s)

B. If yes, have any revisions been made to the Corrective Plan?

_____Yes Please describe or attach the revision(s).

_____No Do any revisions need to be made?

_____ Yes. If Yes, please describe.

_____No

V. Indicate this employee's current overall status:

_____ Still in Progress

_____ Improved to a Satisfactory level

_____ Not likely to Improve to a Satisfactory Level

