



ANTHONY INDEPENDENT SCHOOL DISTRICT

IMPROVEMENT PLAN

Name:	Appraiser:
Campus:	Assignment/ Grade:

Period of Intervention

From:	To:
Review by (date):	

1. DOMAIN(S) IN NEED OF ASSISTANCE _____

DATE TO COMPLETE

DOMAIN:	
DOMAIN:	
DOMAIN:	

2. PROFESSIONAL-IMPROVEMENT ACTIVITIES FOCUSED ON DIMENSIONS T-TESS RUBRIC

LIST DIMENSIONS AND ACTIVITIES	DATE TO COMPLETE
1.	
2.	
3.	

3. EVIDENCE THAT WILL BE USED TO DETERMINE THAT PROFESSIONAL-IMPROVEMENT ACTIVITIES

EVIDENCE USED FOR DIMENSIONS AND ACTIVITIES
1.
2.
3.



ANTHONY INDEPENDENT SCHOOL DISTRICT

IMPROVEMENT PLAN

4. DIRECTIVES FOR CHANGES IN LEARNING ENVIRONMENT.

LIST DIMENSIONS AND ACTIVITIES	DATE TO COMPLETE
1.	
2.	

5. EVIDENCE THAT WILL BE USED TO DETERMINE IF LEARNING ENVIRONMENT HAS CHANGED.

EVIDENCE USED
1.
2.

SIGNATURE OF APPRAISER:	DATE:
SIGNATURE OF PRINCIPAL:	DATE:

My appraiser and I have discussed this improvement plan. My signature does not indicate whether I agree or disagree with this plan

SIGNATURE OF TEACHER:	DATE:
-----------------------	-------



ANTHONY INDEPENDENT SCHOOL DISTRICT

IMPROVEMENT PLAN

THIS PLAN HAS BEEN SUCCESSFULLY COMPLETED

THIS PLAN HAS **NOT** BEEN SUCCESSFULLY COMPLETED

THIS PLAN WAS NOT SUCCESSFULLY COMPLETED FOR THE FOLLOWING REASONS:

FURTHER ACTION TO BE TAKEN: