

Missouri Perkins Performance Improvement Plan

Perkins Grant
Recipient: _____

PERFORMANCE INDICATOR	PERFORMANCE IMPROVEMENT PLAN
<p>List indicator identified on your Performance Report that did not meet at least 90% of the negotiated target percentage for at least three consecutive years. Please submit one plan form for each unmet indicator target.</p>	<p>Detail the step(s) you will take to address the performance deficit outlined under the Performance Indicator box. Include:</p> <p style="text-align: center;"><i>The specific action(s) you will take in</i> to improve performance for this indicator, considering an analysis of the disaggregated data found in your performance report; and</p> <p style="text-align: center;"><i>Who will be responsible</i> (by position) for ensuring the plan is implemented.</p>

Date: _____

Superintendent name: _____

Superintendent signature: _____

DESE approval: _____

Date: _____