**Appendix A: Individual Corrective Action Plan**

**The Individual Corrective Action Plan is developed when an evaluatee receives an “Ineffective” rating(s) on the Summative Evaluation.**

**INDIVIDUAL CORRECTIVE ACTION PLAN**

**For**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Certified Employee**

**Date \_\_\_\_\_\_\_\_\_ Work Site \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Measure (s) in need of Improvement** | **Present PG Stage** | **Growth Objective/Goal(s)**  **(Describe desired outcomes)** | **Procedures and Activities for Achieving Goals and Objectives**  **(including support personnel)** | **Appraisal Method and Target Dates** |
|  |  |  |  |  |

**Evaluatee’s Comments:**

**Evaluator’s Comments:**

|  |
| --- |
| **Individual Corrective Action Plan Developed** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Evaluatee’s Signature) (Date)** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Evaluator’s Signature) (Date)** |

|  |
| --- |
| **STATUS : Achieved \_\_\_\_\_ Revised \_\_\_\_\_ Continued \_\_\_\_\_** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Evaluatee’s Signature) (Date)** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **(Evaluator’s Signature) (Date)** |

**\*Professional Growth Plan Stages:**

**O=Orientation/Awareness, A=Preparation/Application,**

**I=Implementation/Management, R=Refinement/Impact**