



Huron-Superior Catholic District School Board

**APPENDIX B
Occasional Teacher Improvement Plan**

Occasional Teacher's Name (first and last)		Principal Name (first and last)	
Description of Occasional Teacher's Assignment		Name of School	
Term of Assignment (yyyy/mm/dd to yyyy/mm/dd)		Name of Board	
to			
OT Improvement Plan Timelines (yyyy/mm/dd)			
Date(s) of Unsatisfactory Evaluation(s)		Date for Subsequent Appraisal and/ or Review of Timeline	

Performance Expectations Needing Development	Suggestions for Improvement	Timeline

Performance Expectations Needing Development	Suggestions for Improvement	Timeline

Principal Signature

My signature indicates that this evaluation was conducted in accordance with requirements of the Occasional Teacher Evaluation.

(yyyy/mm/dd)

Teacher Signature

My signature indicates the receipt of this improvement plan.

(yyyy/mm/dd)

Occasional Teachers comments on improvement plan (optional)