

Tennessee Extension Performance Improvement Plan

Name: **Test A. Gain**
 County: **Anderson
 County**
 Years on Staff: 10

Title: **Extension Assistant I**
 Date of Review: **10/01/2002**
 Years in Present Position: 2

Prepared By: **Herb Byrd**
 Approved By: **Charles Norman**
 Date Approved: **10/01/2002**

Practice	Improvement Goal	Action Items	Measure of Success	Completion Date(s)	Support
A general statement of the practice you wish to improve.	This is the specific objective you want to accomplish	These are specific steps you will take to meet your improvement goal	Evidence that will indicate you have succeeded	The dates by which you will have completed the action items and achieved your goal	This can be someone for coaching, advice and encouragement. It can also include other resources which will be needed to accomplish the goal or objective

Practice	Improvement Goal	Action Items	Measure of Success	Completion Date(s)	Support
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Employee Signature _____ Date: _____ Supervisor
 Signature _____ Date: _____

Tennessee Extension Performance Improvement Plan Review

	Date Reviewed	Status	Recommendations
Practice 1.			
Practice 2.			
Practice 3.			
Practice 4.			
Practice 5.			
Practice 6.			
Practice 7.			
Practice 8.			
Practice 9.			
Practice 10.			

Employee Signature _____ Date: _____ Supervisor
Signature _____ Date: _____