



State of Rhode Island and Providence Plantations
DEPARTMENT OF EDUCATION
 Shepard Building
 255 Westminister Street
 Providence, Rhode Island 02903-3400

Deborah A. Gist
 Commissioner

Verification of Performance Improvement Plan:

This document should be completed and submitted by the educator as part of his/her Certification Renewal Application. A separate form must be completed for each rating of Ineffective and /or Developing that the educator received during his/her renewal cycle.

Educator Name	
Title/position	
School Name	District
School Year	Rating

To be verified and signed by the Superintendent or designee

I certify by my signature that:	
<input type="checkbox"/> A Performance Improvement Plan was developed and satisfactorily completed by this educator during the school year _____	
_____	_____
Signature of Superintendent or Designee	Date
_____	_____
School District	Name Superintendent or Designee

This document may be photocopied as needed