**PRO4 Improvement Plan**

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| **Name:** |  |
| **Department:** |  |
| **Plan Start Date:** |  |
| **Plan End Date:** |  |
| **Interim review meeting:** |  |
| **Final review meeting:** |  |

| **Improvement Objectives***What, specifically must the individual do to improve their performance to meet expected standards?* | **Success Criteria***How will you know when the expected standards of performance have been met? How will this be achieved?* | **Support Mechanisms***What additional development or support does the individual require in order that they are able to achieve the expected standards?* | **Review Schedule***When will progress against the improvement objective be reviewed? How will evidence of progress be collected, How will it be measured to ensure that they have met the objectives? Who will review progress?* | **Date to be achieved** |
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|  | <Detail success criteria for improvement objective 2> | <Detail the additional support required to succeed in achieving improvement objective 2> | <Detail when progress against improvement objective 2 will be reviewed, how and by whom.> |  |
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| Line Manager: |  | Date:  |