

AUXILIARY PRE - PERFORMANCE IMPROVEMENT PLAN

AUXILIARY # _____ LOCATION _____ DATE _____

PRESIDENT _____ DISTRICT PRESIDENT _____

DISTRICT NUMBER _____

STEP ONE - AREAS OF CONCERN - *To be Completed as an Auxiliary*

Identify specific areas where your Auxiliary is experiencing challenges or where improvement is needed. Be honest, focus on what the Auxiliary can work on and improve

1	
2	
3	
4	
5	

STEP TWO - AUXILIARY EXPECTATIONS AND GOALS - *To be Completed as an Auxiliary*

For each area of concern, identify what your Auxiliary expects to improve, the specific goal you want to accomplish, and when you expect the goal to be completed.

Item #	What is your auxiliary expectation?	What specific goal will your auxiliary work towards?	Expected Date of Completion
1			
2			
3			
4			
5			

EMAIL FORM to the Chief of Staff:

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