

St. Clair County Community Mental Health Authority  
**Opportunity for Improvement Plan**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_

**I. An Opportunity for Improvement has been identified as follows:**

*(Supervisor records each area needing improvement, providing examples to support/illustrate the problem.)*

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**II. Performance Objectives:**

To assist you in improving your performance, you are being provided with the following performance objectives:

*(Use the SMART Concept – {specific, measurable, achievable, relevant, time-based} to develop objectives. Keep in mind that sometimes employees make quick turnarounds only to fall back into the same old habits once monitoring stops. Timeline should be sufficient enough to demonstrate lasting change.)*

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**III. Performance Review:**

To support your success, track your progress and provide you with performance feedback, we will meet one-on-one every \_\_\_\_\_ at \_\_\_\_\_.

*(Be prepared to discuss each performance objective listed and your progress. Also, please bring the following with you for each of our meetings. List whatever documents you would like employee to bring to each supervision.)*

I have read and understand the expectation of this Opportunity for Improvement Plan

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

This form must be attached to Employee Communication Memorandum (#702) and Employee Discipline Report (#703) *(as applicable)*