# Employee Improvement Plan

**Employee Name:**
**Position:**
**Date:**

- **Review Date:**

**The goal of this plan is to help you improve in specific areas where your performance hasn't fully met expectations. We want to provide you with all the necessary guidance and support to help you excel in your role at (Dental Office Name).**

**Key Areas to Focus On:**

- **(Area 1: Specific Issue)**
  **Current Situation: (Briefly describe the concern, such as "Recently, we've noticed several late arrivals to work," or "Patient records have occasionally been incomplete.")**
  **Expected Standard: (Explain what the desired outcome is, like "Arriving on time for every scheduled shift," or "Ensuring all patient documentation is fully completed by the end of each day.")**

**Steps to Help You Improve:**

**Training & Support:**
**We'll make sure you get the necessary training, whether that's (name specific areas like a software refresher, coaching on communication, or shadowing another team member).**

**Tools & Resources:**
**You'll also have access to (mention specific resources like patient scripts, scheduling templates, or step-by-step checklists) to help you stay on track.**

**Timeline for Improvement:**
**We're aiming for noticeable improvement within (mention specific timeframes, like "the next 30 days" or "by the end of the next two months").**

**Measurable Goals:**
**To keep things simple and clear, we'll be looking for (state specific goals like "no more than one scheduling error per month" or "complete all patient charting by the end of your shift.")**

**What Happens If Improvement Isn't Seen:**

**Our hope is that you'll meet or exceed these goals, but if things don't improve, we'll need to look at further steps like additional coaching or possibly reassigning duties. If there's still no progress, it could lead to more serious actions, including ending your employment.**

**Check-Ins & Review:**

**Initial Review Date: _____**
**We'll meet on this date _____ to see how things are going and discuss your progress.**
**Additional Reviews:**
**We'll set up any other check-ins if needed to make sure you feel supported and that we're moving in the right direction.**

**Employee Acknowledgment:**

**I've read through and understand this improvement plan. I'm committed to making the necessary changes and will take the steps outlined to improve my performance.**

**Employee Signature: _____**
**Date: _____**

**Supervisor Signature: _____**
**Date: _____**