

***Improvement Plan***

**Evaluation Period**

Faculty Member: \_\_\_\_\_

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

From: \_\_\_\_\_

To: \_\_\_\_\_

<b>Performance Criteria Needing Strengthening</b>	<b>Activities for Improvement</b>	<b>Expected Completion Date</b>	<b>Actual Completion Date</b>

**Signatures:**

Faculty member being evaluated: \_\_\_\_\_

Evaluation Committee Chair: \_\_\_\_\_

Dean: \_\_\_\_\_

Comments:

**A copy will be sent to the Evaluatee after signed by all parties, and the original will be placed in the Evaluatee's personnel folder. Upon completion of the Improvement Plan, the Evaluation Committee Chair or designee will note completion dates on this form and send a final copy to the Evaluatee.**