

Improvement Plan

Evaluation Period

Faculty Member: _____

Date: _____

From: _____

To: _____

Performance Criteria Needing Strengthening	Activities for Improvement	Expected Completion Date	Actual Completion Date

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.