**FACULTY EVALUATION**

## **Performance Improvement Plan**

(To be filled out by Dean/Supervising Administrator)

**Section 1 – Faculty Data**

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty Name:** | **Department:** | | **Banner ID:** |
| **Dean/Supervising Administrator’s Name:** | | **Period of Review: From:** **To:** | |

**Section 2 – Please check which critical success factors require improvement.**

|  |  |  |
| --- | --- | --- |
| Teaching | Professional Development | College Service |
| Student Evaluations | ClassroomManagement | Content Knowledge |
| Other (*explain*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

**Section 3 – State why the critical success factors are not on target and why Performance Improvement Plan (PIP) is necessary.**

**Section 4 – Identify the problem, performance issue, and/or behavior to be corrected.**

**Section 5 – Explain what must happen and how performance will be measured.**

**Section 6 – Identify how long the PIP will be in effect.**

**Section 7 – Describe the consequences if performance is not successfully improved.**

**Section 8 – Next meeting date, comments and signatures.**

**The Dean/Supervising Administrator will meet on or about \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to discuss progress toward expectations.**

**Faculty Comments:**

**Signatures:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Faculty Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Dean/Supervising Administrator Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

**Provost Date**

**A copy of this form will be placed in the faculty member’s personnel file.**