**Improvement Plan**

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| **Faculty member:** Click here to enter faculty member **Evaluation Period:** Click here to enter period**Date:** Click here to enter date **From:** Click here to enter  **To:** Click here to enter |

|  |  |  |
| --- | --- | --- |
| **Performance Criteria Needing Strengthening**Click here to enter text. | **Cite Contract Article/Number****for Each Criteria**Click here to enter text. | **Activities for Improvement**Click here to enter text. |

 **Signatures:**

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

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

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

 **Comments:** Click here to enter text.

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|  **Measureable Outcome and Date**Click here to enter text. | **Date Progress Report Submitted****(for full-time faculty only)**Click here to enter text. |

**Signature indicates receipt but not necessarily agreement. A copy will be sent to the Evaluatee after being 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 the completion dates on this form and send a final copy to the Evaluatee. For probationary faculty only, the TRC chair will notify the UF of the intent to give an improvement plan prior to completion.**