**Improvement Plan**

Adjunct Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Following the evaluation conducted during the \_\_\_\_\_\_\_\_\_ semester of the year \_\_\_\_\_\_\_\_\_\_\_.

|  |
| --- |
| Performance Standard #: \_\_\_\_\_\_\_ |
| Specific issues, concerns or areas that need improvement (as described in the *Evaluation Review Repor*t): |
| In order to improve and/or rectify the concerns identified in the evaluation report, the following remedy(ies) are recommended: |
| Performance Standard #: \_\_\_\_\_\_\_ |
| Specific issues, concerns or areas that need improvement (as described in the *Evaluation Review Repor*t): |
| In order to improve and/or rectify the concerns identified in the evaluation report, the following remedy(ies) are recommended: |

**Department Chair’s Signature**

I, as the department chair, have reviewed and approved this Improvement Plan.

Department Chair Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

 (print name) \_\_\_\_

*Comments*:

*Per contract, the TERB Coordinator’s signature is required before the plan is implemented.*

**TERB Coordinator’s Signature**

I, as the TERB Coordinator, have reviewed and approved this Improvement Plan.

TERB Coordinator Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

 (print name) \_\_\_\_

**Evaluator’s Signature**

I, the evaluator, have reviewed and discussed this Improvement Plan with the evaluee.

Evaluator’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

 (print name) \_\_\_\_

**Evaluee’s Signature**

My signature acknowledges that I have read and received a copy of this *Improvement Plan*. It does not mean that I agree or disagree with this Improvement Plan. I am aware that within ten business days, I have the right to submit a response to this evaluation. I am also aware that this Evaluation Review Report; Improvement Plan; and my response, if any, will become part of my personnel file. I am also aware that I may seek clarification from the evaluator, the Department Chair, and/or the TERB Coordinator if I have concerns about the evaluation process.

Part-time Faculty Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

 (print name) \_\_\_\_ *Comments:*

**THIS DOCUMENT IS TO BE ATTACHED TO THE EVALUATION REVIEW REPORT**