## PERFORMANCE IMPROVEMENT PLAN (PIP) FORM

## FOR FACULTY EVALUATION (Adjunct, Classroom, Coordinating, Counseling, Library, Nursing, and Online)

Name of Evaluee: \_\_\_\_\_\_ Name of Evaluator: \_\_\_\_\_

Date:

(Attach separate pages for each numbered item if necessary)

1. Evaluator's identification of the area(s) needing improvement:

Classroom observation Student questionnaires Self-assessment Division Dean/Responsible Administrator's observation Portfolio Division Dean/Responsible Administrator's assessment of non-teaching responsibilities

Please describe in detail the area(s) needing improvement and how they should be addressed:

2. Timeline for addressing area(s) needing improvement:

One semester (for adjunct faculty) Two semesters (for tenure-track faculty) Three semesters (for tenured faculty)

3. Evaluee's plan for addressing the area(s) needing improvement:

4. Evaluator's assessment of the completion of the performance improvement plan at the end of the timeline:

EVALUATOR COMMENTS:

I have met with the evaluee and discussed the evaluee's performance improvement plan.

Signed:		Date:	
	Evaluator		
EVALUEE COMMEN	TS:		

I have met with the evaluator and discussed my performance improvement plan.

Signed:

\_Date:\_\_\_\_

Evaluee

ADDITIONAL COMMENTS: