

Faculty Performance Improvement Plan

Name: Click here to enter text.

Category of Performance: Choose an item.

Step 1: Improvement Goals

List the goals related to the category of performance to be improved and addressed (add goals as needed):

|  |  |
| --- | --- |
| Goal # | Goal |
| 1. |  |
| 2. |  |
| 3. |  |

Step 2: Activity Goals

Listed below are activities that will help you reach each goal (add goals as needed):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Goal # | Activity | How to Accomplish | Start Date | Projected Date to beCompleted | Achieved (Initials) |
| Faculty Member | ImmedateSupervisor |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |

Step 3: Resources

Listed below are resources available to you to complete your Improvement and Activity Goals (may include other people’s time or expertise, funds for training materials and activities, etc.) (add resources as needed):

|  |  |
| --- | --- |
| Goal # | Resources Available/Required for Goal Completion |
| 1. |  |
| 2. |  |
| 3. |  |

Step 4: Expectations

The following performance standards must be accomplished to demonstrate progress towards achievement of each Improvement Goal (add performance standards as needed):

|  |  |
| --- | --- |
| Goal # | Performance Standards |
| 1. |  |
| 2. |  |
| 3. |  |

Follow-up

You will receive feedback on your progress according to the following schedule:

|  |  |  |  |
| --- | --- | --- | --- |
| Date Scheduled | Activity | Conducted By | Completion Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Signatures

Faculty Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

Immediate Supervisor Name: Click here to enter text.

Immediate Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.