|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty Member:** |   | **Date:** |   |
| **Immediate Supervisor:** |   | **School:** |   |

# Step 1: Improvement Goals

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

|  |  |  |
| --- | --- | --- |
| **Goal #** | **Goal** | **Category** |
| **1** |   | [ ]  Teaching[ ]  PD/Scholarly Activity[ ]  Service[ ]  Assignments[ ]  Collegiality |
| **2** |   | [ ]  Teaching[ ]  PD/Scholarly Activity[ ]  Service[ ]  Assignments[ ]  Collegiality |
| **3** |   | [ ]  Teaching[ ]  PD/Scholarly Activity[ ]  Service[ ]  Assignments[ ]  Collegiality |

# Step 2: Goal Activities

List the activities that will help you reach each goal (add activities as needed):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal #** | **Activity** | **How to Accomplish** | **Start Date** | **Projected Completion Date** | **Activity Achieved** |
| **1** |   |   |   |   | Faculty[ ]  \_\_\_\_\_Immediate Supervisor[ ]  \_\_\_\_\_ |
| **2** |   |   |   |   | Faculty[ ]  \_\_\_\_\_Immediate Supervisor[ ]  \_\_\_\_\_ |
| **3** |   |   |   |   | Faculty[ ]  \_\_\_\_\_Immediate Supervisor[ ]  \_\_\_\_\_ |

# Step 3: Goal Resources

List resources available to you to complete your Improvement and Goal Activities (may include other people’s time or expertise, funds for training materials and activities, etc.) (add resources as needed):

|  |  |
| --- | --- |
| **Goal #** | **Resources Available/Required for Completion of Goal** |
| **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 Standard** |
| **1** |   |
| **2** |   |
| **3** |   |

# Signatures:

|  |  |  |  |
| --- | --- | --- | --- |
| Faculty Member: |   | Date: |   |
| Immediate Supervisor: |   | Date: |   |
| FA President or Other Faculty Representative: |   | Date: |   |

# Follow-up:

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Scheduled****Date** | **Activity** | **Conducted By** | **Completion Date** | **Verification** |
|   |   |   |   | Faculty[ ]  \_\_\_\_\_Immediate Supervisor[ ]  \_\_\_\_\_ |
|   |   |   |   | Faculty[ ]  \_\_\_\_\_Immediate Supervisor[ ]  \_\_\_\_\_ |
|   |   |   |   | Faculty[ ]  \_\_\_\_\_Immediate Supervisor[ ]  \_\_\_\_\_ |