

Appendix AA
SUPPORT AND IMPROVEMENT PLAN

Faculty Member Name:	CWID:	Date:
Dean or Supervising Administrator:	Division:	Department:
Peer Evaluator:	FA Representative (if requested):	

The purpose of a Support and Improvement Plan (SIP) is to identify significant areas of concern in performance of one's duties and provide guidance on how to demonstrate improvement. Improvement is required to be documented in the areas listed below by the end of the SIP. The process for a SIP is detailed in Article 6.6.

EVALUATIVE STATEMENTS (FROM J1) THAT NEED IMPROVEMENT

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IMPROVEMENT PLAN GOALS AND TIMELINE

Goal #	Area(s) for Improvement	Improvement Actions/Activities	Suggested Timeline

TIMELINE FOR IMPROVEMENT

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Progress Check-In Date(s):	
Follow-up J1 Evaluation Week:	

SIGNATURES

Dean or Supervising Administrator: _____ Date: _____

Peer Faculty Evaluator: _____ Date: _____

I have had the opportunity to read this Support and Improvement Plan and discuss it with my Dean.

Faculty Member: _____ Date: _____

OUTCOME of Support and Improvement Plan

Goal#	Goal Achieved: Yes or No	Comments (cite evidence for result)

SIGNATURES

Dean or Supervising Administrator: _____ Date: _____

Peer Faculty Evaluator: _____ Date: _____

I have had the opportunity to review and discuss the Outcomes with my Dean.

Faculty Member: _____ Date: _____