CUESTA COLLEGE
INSTRUCTIONAL FACULTY/PLAN FOR IMPROVEMENT FORM

Employee:	**Semester /year**
☐ **Regular Tenured** ☐ **Tenure-track** ☐ **Temporary Full-time** ☐ **Temporary Part-time** ☐ **Temp. w/o assignment rights**	
This plan for improvement is initiated by: ☐ **Dean** ☐ **Peer Evaluation Committee** ☐ **Both**	
This plan for improvement is being utilized for an off-cycle evaluation in the following performance areas (check all that apply): **Peer Evaluation Form:** ☐ **Instruction (I)** *(likely requires an expanded observation)* ☐ **Interaction with Students (II) (***Likely requires additional student evaluations)* ☐ **Materials (III)** ☐ **Divisional /Collegial Responsibilities (IV)** **Dean Evaluation Form:** ☐ **Instruction (I)** *(likely requires an expanded observation)* ☐ **Interaction with Students (II) (***Likely requires additional student evaluations)* ☐ **Professional & Collegial Responsibilities (III)**	

SECTION I PLAN FOR IMPROVEMENT

This section is to be filled out by Dean/Director and/or the chair of the peer-evaluation team requiring the plan for improvement, as applicable. By signing this section, the parties are in agreement that the plan for improvement is sufficient to remediate sub-standard performance.

Description of Areas of Sub-Standard Performance

Provide an explanation of the area(s) of substandard performance as expressed in the Overall Assessment of Performance on the Dean or Peer evaluation form, as applicable:

Plan for Improvement

a. Provide specific objectives that need to be met in order for the faculty member to remediate sub-standard performance.

b. Describe how the faculty member will demonstrate completion of these objectives.

c. Indicate for which objectives Student Evaluations or Classroom/Learning Environment visitation is required, if any.

d. Describe what materials the faculty member needs to provide in order for the evaluator to assess these objectives.

Section I Applicable Signatures

_____ _____

Chair of initial peer evaluation: Date Dean Date

_____ _____

Faculty Member Date Division Chair Date

SECTION II ASSESSMENTOF PERFORMANCE ON PLAN FOR IMPROVEMENT.

This section is to be filled out by Dean/Director and the chair of the peer evaluation team, or chair of the off-cycle peer-evaluation team, as applicable. Attach the Instructional Peer evaluation Form and/or the Dean Evaluation Form as appropriate. Indicate which forms are attached:

☐ **Dean** ☐ **Peer Evaluation Committee** ☐ **Both**

ASSESSMENT OF PERFORMANCE
The Faculty member has met all of the objectives for improving performance established in SECTION I, Plan for Improvement. **YES:** ☐ **NO:** ☐ **The temporary faculty being evaluated has received two sequential ratings of "Needs to Improve"** and is not eligible for assignment per CBA 5.13.3.1.2. ☐ **The regular faculty being evaluated has received two ratings of "Needs to Improve"** over the last three evaluations or one rating of "**Unsatisfactory**" and is not eligible for overload assignment per CBA 5.14.2 **AND**: ☐ T**he off-cycle evaluation for this regular faculty will be continued to resolve the specific deficiencies in this Plan for Improvement, OR** ☐ It is recommended that the VPAA initiate **action pursuant to Education Code Section 87660 et seq. and/or section 87730 et seq.**

Comments: *Written comments are required only if "NO" is marked on the Assessment of Performance. Indicate which objectives were not met, and why; and/or explain why further remediation in these areas would not be effective.*

Section II Applicable Signatures

_____ _____

Chair of off-cycle evaluation team Date Dean Date

_____ _____

Peer Evaluator Date Peer Evaluator Date

_____

Faculty Member Date

The above-signed individuals have read and discussed this evaluation. The faculty member's signature acknowledges receipt of a copy of the off-cycle evaluation. It does not necessarily signify agreement. **In compliance with Articles 7.7 through 7.7.2 of the CBA, the faculty member may attach written comments to this evaluation.**