## CUESTA COLLEGE
### INSTRUCTIONAL FACULTY PLAN FOR IMPROVEMENT FORM

<table>
<thead>
<tr>
<th>Employee:</th>
<th>Semester /year</th>
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<tbody>
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</table>

- [ ] 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):
- [ ] 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)

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### 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.

This plan for improvement form will be held by the Dean until there is resolution of deficiencies noted. A copy of this form will be submitted to Human Resources with the evaluation.

### 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

<table>
<thead>
<tr>
<th>Chair of initial peer evaluation:</th>
<th>Date</th>
<th>Dean</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Member</td>
<td>Date</td>
<td>Division Chair</td>
<td>Date</td>
</tr>
</tbody>
</table>

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Instructional Faculty Plan for Improvement Form
SECTION II ASSESSMENT OF 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:

☐ The 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.