

**CUESTA COLLEGE**  
**INSTRUCTIONAL FACULTY/PLAN FOR IMPROVEMENT FORM**

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

**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**

\_\_\_\_\_  
 Chair of initial peer evaluation:    Date

\_\_\_\_\_  
 Dean    Date

\_\_\_\_\_  
 Faculty Member    Date

\_\_\_\_\_  
 Division Chair    Date

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

**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
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Peer Evaluator	Date	Peer Evaluator	Date
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Faculty Member	Date
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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.**