CUESTA COLLEGE

**Instructional Faculty/Plan for Improvement Form**

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| **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**

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| **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 5.12.2.1.2.  **OR**  **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 5.13.2 **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, 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.**