

Walters State Community College

FACULTY PERFORMANCE IMPROVEMENT

Faculty Member's Name _____ Date _____

Academic Rank _____

1. Criteria of Performance Improvement: Check appropriate option(s)

____ Student Evaluation ____ Professional Performance ____ Instructional Effectiveness

Evidence that supports Criteria Deficiency:

II. Improvement Recommendation: Check appropriate option(s)

____ Enrollment in educational coursework, seminars, or *other programs

____ Increased supervision by immediate supervisor or *other designated individual(s)

____ Peer assistance

____ *Other professional activities

* Identify specific "Other" as indicated above

Narrative of Expected Performance Improvement:

III. Signatures

Faculty Member Signature Date

Department Head Signature Date

Dean Signature Date