

**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:

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**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:

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**III. Signatures**

\_\_\_\_\_  
Faculty Member Signature                      Date

\_\_\_\_\_  
Department Head Signature                      Date

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Dean Signature                      Date