

Form PT-4 Performance Improvement Plan Part-Time Faculty

Faculty Name:		Date:		
Prepared by:				
performance, reiterate the District's expe	ent Plan (PIP) is to identify significant are ectations, and provide guidance on how to ted in the areas listed below by the end o	demonstrate improvement.		
AREAS OF CONCERN				
IMPROVEMENT PLAN ACTION / GOALS				
Goal # Action/Goal Description	Improvement Actions/Activities	Assessment		
		_		
TRAINING, RESOURCES, AND OTHER ASSISTANCE				
TIMELINE FOR IMPROVEMENT				
TIMELINE FOR IMPROVEMENT				
Progress Check-In Date(s):				
Professional Improvement Deadline:				

CONSEQUENCES AND EXPECTATIONS				
FOLLOW UP PR	OGRESS AND ASSESSMENT EVALUATION			
Meeting Date	Meeting Outcome/Next Steps			
SIGNATURES				
Employee's Supervisor:		Date:		
I have had the o	pportunity to read this Professional Improven	nent Plan and discuss it with my supervisor.		
Faculty Member	Signature:	Date:		