

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT  
**Faculty Performance Improvement Plan**

Name: \_\_\_\_\_ Employee ID # \_\_\_\_\_  
(Unit member's name – please print)

Discipline : \_\_\_\_\_ Dept: \_\_\_\_\_ Site: \_\_\_\_\_

Complete prior to the initial meeting with the unit member.

Complete at the follow-up meeting.

| Recommended<br>Area of Improvement | OBJECTIVES | TIMELINE | EVALUATION<br>DATE | FULFILLED     |
|------------------------------------|------------|----------|--------------------|---------------|
| 1.                                 |            |          |                    | Yes<br><br>No |
| 2.                                 |            |          |                    | Yes<br><br>No |
| 3.                                 |            |          |                    | Yes<br><br>No |
| 4.                                 |            |          |                    | Yes<br><br>No |

**INITIAL CONCLUSION/SUGGESTIONS**

**SIGNATURES Upon Receipt**

Supervising Dean/Administrator:

Signature

Date:

NTRC/PTRC/TRC Faculty Co-chair:

Signature

Date:

Unit Member:

Signature

Date:

**FOLLOW-UP CONCLUSION/SUGGESTIONS**

**SIGNATURES upon Completion**

|                                 |           |       |
|---------------------------------|-----------|-------|
| Unit Member:                    | Signature | Date: |
| NTRC/PTRC/TRC Faculty Co-chair: | Signature | Date: |
| Supervising Dean/Administrator: | Signature | Date: |