**APPENDIX D:**

**TEMPLATE: IMPROVEMENT PLAN DEVELOPED IN RESPONSE TO**

**PERFORMANCE REVIEW OF TENURED FACULTY MEMBERS**

***This Improvement Plan must address only the area(s) identified in the post-tenure review process as needing improvement.***

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date (plan submitted): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Deadline for submitting Improvement Plan: August 31 of the fall semester immediately following completion of post-tenure review.^**

*^Failure to submit an improvement plan by the deadline – without prior written approval by the department chair of extension of deadline -- will be considered equivalent to failure to make sufficient improvement and consequences delineated in Section IV will be implemented immediately. If the department chair extends deadline, the extension shall be no later than September 30.*

**Semesters Covered by Improvement Plan:**

**Fall Semester 20\_\_\_ Spring Semester 20\_\_\_ Fall Semester 20\_\_\_ Spring Semester 20\_\_\_**

1. **Teaching – I will take the following actions to improve my instructional effectiveness:**

**Post tenure review \_\_\_\_ did or \_\_\_\_ did not identify teaching as area of needed improvement.** *Plan must address only area(s) in which faculty member is determined to need improvement****.***

|  |  |
| --- | --- |
| **Actions:** | **To be completed by:** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |

|  |
| --- |
| **Specific measureable outcomes to be achieved by improvement plan** (documentation of faculty development activities, peer evaluations, student evaluations, others)**:** |
|  |
|  |
|  |
|  |

1. **Scholarly/Creative Activities – I will take the following actions to strengthen my scholarly/creative activities**

**Post tenure review \_\_\_\_ did or \_\_\_\_ did not identify scholarly/creative activities as area of needed improvement.**

*Plan must address only area(s) in which faculty member is determined to need improvement****.***

|  |  |
| --- | --- |
| **Actions:** | **To be completed by:** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |

|  |
| --- |
| **Specific measureable outcomes to be achieved by improvement plan** (documentation of presentations, publications, citations, others)**:** |
|  |
|  |
|  |
|  |

1. **Service – I will take the following actions to strengthen my service activities**

**Post tenure review \_\_\_\_ did or \_\_\_\_ did not identify service as area of needed improvement.**

*Plan must address only area(s) in which faculty member is determined to need improvement****.***

|  |  |
| --- | --- |
| **Actions:** | **To be completed by:** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |

|  |
| --- |
| **Specific measureable outcomes to be achieved by improvement plan** (documentation of service, recognitions of service; citations, others)**:** |
|  |
|  |
|  |
|  |

1. **Possible consequences if plan is not completed successfully:\***
	1. Remove eligibility for extra duty assignments or course reassignments
	2. Revision of teaching responsibilities, i.e., not eligible to teach graduate courses; not eligible to teach summer school classes.
	3. Revision of administrative or committee assignments
	4. Demotion in rank\*\*
	5. Loss of tenure and reassignment to full-time adjunct status\*\*
	6. Reduction of salary\*\*
	7. Suspension without pay for one semester\*\*
	8. Discharge\*\*

\*\*Items d, e, f, g, and h are considered serious sanctions. If any one of these five actions is taken, the faculty member may exercise his or her right of appeal according to Section 603 of *the Code* and Section IV of the *FSU Tenure Policies*.

**Approvals:**

**Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**\**By signing this document, faculty member acknowledges possible consequences of failure to complete this plan successfully.***

**Department Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**