**APPENDIX E:**

**FAYETTEVILLE STATE UNIVERSITY**

**FORM FOR ASSESSING PROGRESS ON IMPROVEMENT PLAN**

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

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check one:**

**\_\_\_ 1st Interim report (submitted by December 15 of 1st year of improvement plan.)**

**\_\_\_ 2nd Interim report (submitted by May 15 of 1st year of improvement plan.)**

**\_\_\_ 3rd Interim report (submitted by December 15 of 2nd year of improvement plan.)**

**\_\_\_ Final report (submitted by April 1 of 2nd year of improvement plan.)**

***(Failure to submit report by specified deadline, without prior written approval by the department chair, will be considered equivalent to failure to make sufficient progress on plan.)***

1. **Teaching: \_\_\_\_ Check if Improvement Plan does not focus on teaching.**

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| --- |
| **Specific actions completed** *(to be completed by faculty member)***:** |
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|  |
| **Specific measureable outcomes achieved** *(to be completed by faculty member)***:** |
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1. **Scholarly/Creative Activities: \_\_\_\_ Check if Improvement Plan does not focus on scholarly/creative activities.**

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| **Specific actions completed** *(to be completed by faculty member)***:** |
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| **Specific measureable outcomes achieved** *(to be completed by faculty member)***:** |
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1. **Service: \_\_\_\_ Check if Improvement Plan does not focus on service.**

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| **Specific actions completed** *(to be completed by faculty member)***:** |
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| **Specific measureable outcomes achieved** *(to be completed by faculty member)***:** |
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1. **Department Chair Evaluation:**

**\_\_\_\_ Faculty member is making satisfactory progress on improvement plan.**

**\_\_\_\_ Faculty member is making unsatisfactory progress on improvement plan.**

**If progress is not satisfactory, department chair will provide justification for evaluation and recommendations for improvement:**

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**Faculty member response (optional):**

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**Approvals:**

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

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

**Note: The four reports will be attached to the Personnel Action Form, Appendix F.**