

**Louisiana Community and Technical College System (LCTCS)**

# **PERFORMANCE IMPROVEMENT PLAN (PIP) FORM FOR FACULTY EVALUATION** *(Applicable for Overall Evaluations Below 3 Only)*

Delgado Faculty Member’s Name: Academic Year:

Academic Division/Department:

Present Rank: Years of Service at Delgado:

* + 1. Supervisor’s identification of the area(s) needing improvement:
       - Teaching and Direct Instructional Activities
       - Service to Students, Department, Division, or College
       - Professional Development/Leadership

Please describe in detail the area(s) needing improvement and how they should be addressed: (Attach the documentation)

* + 1. Timeline for addressing area(s) needing improvement:
       - One semester
       - Two semesters
       - Other:
    2. Faculty’s plan for addressing the area(s) needing improvement:

*Continued*

Delgado/LCTCS Form 2220/003 (PIP) (10/23)

**LCTCS PERFORMANCE IMPROVEMENT PLAN (PIP) FORM   
FOR FACULTY EVALUATION: Continued**

Delgado Faculty Member’s Name: Academic Year:

* + 1. Supervisor’s assessment of the completion of the performance improvement plan at the end of the timeline:

Comments:

I have met the faculty member and discussed their performance improvement plan.

Supervisor’s Signature: Date:

I have met with the Supervisor and discussed my performance improvement plan.

Delgado Faculty member Signature: Date:

Accepted:  
  
Academic Dean’s Signature: Date:

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