



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)

2. Timeline for addressing area(s) needing improvement:

- ☐ One semester
☐ Two semesters
☐ Other:

3. Faculty's plan for addressing the area(s) needing improvement:

Continued

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Delgado Faculty Member's Name: _____ Academic Year: _____

4. 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: _____