Second Semester Review – Action Plan Form

This form is designed to provide a formal plan of action for the tenure track faculty member whose performance in the Second Semester Review raised concerns regarding their understanding of the Talents of Teaching and/or the development of their Individualized Learning and Service Plan.

**This Action Plan should be:**

* completed in consultation with the Department Chair and TAP Leader.
* given to the Tenure Track Faculty Member and discussed in person to go over the terms and details *and* given to the TAP Leader in order to be knowledgeable of additional deadlines and requirements.
* attached to the Second Semester Review Report and included in the Semester 3 portfolio.
* listed in the last section of the Second Semester Review Report titled “Overall Summary of Tenure Process to Date” as being attached.

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| Instructor’s Name |  |
| Date | **Click here to enter a date.** |
| College | **Choose an item.** |

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| Description of Concern(s) Noted in the Second Semester Review |
| Summarize the concerns that were noted in the Second Semester Review. If the concerns are related to the Tenure Track Faculty Member’s Oral Explanation of the Talents of Teaching, indicate which talent(s) your concern is addressing. If the concerns are related to the Tenure Track Faculty Member’s Individualized Learning and Service Plan, indicate which outcome(s) your concern is addressing. |

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| Describe the Action Plan Prescribed |
| Provide the actions that you suggest the faculty member take to address the areas of concern. |

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| Describe the Action Plan Timeline |
| Provide the dates and deadlines for any Action Plan activities or recommendations being made. |

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| Describe the what support will be provided for the TTFM |
| Please indicate the expectations of support (e.g. Department Chair, Mentor, TAP Leader, Dean) that will be provided for the TTFM. |

**Signatures**

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| Tenure-Track Faculty Member | Signature | Date Signed |
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| TAP Leader | Signature | Date Signed |
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| Department Chair | Signature | Date Signed |
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| Administrative Designee | Signature | Date Signed |
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