Semester 1 or 3 - Action Plan Form

This form is designed to provide a formal plan of action for the tenure track faculty member who has received a rating of “Recommended with Action Plan” on a Semester 1 or 3 Rubric.

**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.
* included in the Semester portfolio

|  |  |
| --- | --- |
| Instructor’s Name |  |
| Semester (please circle one) | **1 3** |
| Date | **Click here to enter a date.** |
| College | **Choose an item.** |

|  |
| --- |
| Description of the Significant Concern(s) Noted in the portfolio |
| Summarize the “Significant Concern(s)” that were noted on the Semester Portfolio Rubric. Indicate which section heading of the Rubric your concern is addressing. |

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

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

|  |
| --- |
| 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. |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: **Click here to enter a date.**

Tenure Track Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_ Date: **Click here to enter a date.**