

APPENDIX H  
ILLINOIS VALLEY COMMUNITY COLLEGE  
TENURED LABORATORY INSTRUCTOR  
**IMPROVEMENT PLAN**

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|                                   |  |
|-----------------------------------|--|
| Faculty member:                   |  |
| Date Form Completed:              |  |
| Review Period:                    |  |
| Dean:                             |  |
| Improvement Plan updates (dates): |  |

1. Identify and describe the area(s) in which improvement is required.
  
2. Outline proposed improvement activity, identify a timeline for each improvement activity, and identify how performance improvement will be measured.

| <b>Improvement Activities</b> | <b>Timeline for Activities</b> | <b>Improvement Performance Measures</b> |
|-------------------------------|--------------------------------|---|
|                               |                                |   |
|                               |                                |   |
|                               |                                |   |

3. Identify expectations/standards for improvement.
  
4. Specify how performance improvement activities will be evaluated during the period covered by this improvement plan.
  
5. Outline manner and frequency of communication between the Dean and the Faculty Member during the improvement period. (Monthly meetings, monthly e-mail updates, etc.)

\_\_\_\_\_  
Faculty Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

Check if this is an amended Improvement Plan. Provide below a brief rationale for amending. Dean should retain both the original and the amended Improvement Plan. Attach all previous versions of amended Improvement Plan(s).