



Post-Continuous Appointment Review

Faculty Improvement Plan Template and Certification of Completion

This template is provided as a guide to developing a professional development plan. Use of the template is not required.

Posted: 3/18/2024



Post-Continuous Appointment Review - [Faculty Improvement Plan](#)

Faculty Name:	[FACULTY NAME]		
Rank:	[RANK]		
School/College:	[SCHOOL/COLLEGE]		
Department:	[DEPARTMENT]		
PSUID:	[9-NUMBER]		
Length of FIP:	<input checked="" type="checkbox"/> Terms		
Meetings with the Department Chair/Designee	Beginning of Fall Term AY [20XX-XX] End of Fall Term AY [20XX-XX] Beginning of Winter AY [20XX-XX] ¹		
Funds Available ²	Fall AY [20XX-XX]	Winter AY [20XX-XX]	Spring AY [20XX-XX]

Section 1: Goals

In this section, describe the performance issue to be addressed. Describe the goals of the Faculty Improvement Plan. The goals should be presented in such a way that it is clear when they must be met so the FIP can be completed.

Section 2: Activities for Improvement

[Add or remove activities as needed]

Activity #X: Description of Action

¹ If the plan has not been successfully completed, the department chair/designee may either extend the plan for an additional academic term or provide the faculty member with notice of termination. A Faculty Improvement Plan may be extended by the department chair/designee for up to three academic terms.

² If the department chair/designee and faculty member identify resources that would assist with the improvement plan, a request for access to such resources will be made to and considered by the Dean. The lack or limited availability of resources could result in modification or extension of the Faculty Improvement Plan. A Faculty Improvement Plan may be extended by the department chair/designee for up to three academic terms.

Provide a description of the activity or action to be completed. Describe any deliverable based on deficiencies identified in the review. The department chair/designee may extend a Faculty Improvement Plan for up to three academic terms. Describe the expected schedule of activities for each academic term.

- *Fall*
- *Winter*
- *Spring*

Section 3: Funds Requested

Describe the expected schedule for funding based on activities for each academic term.

- *Fall*
- *Winter*
- *Spring*

Note that if the department chair/designee and faculty member identify resources that would assist with the improvement plan, the dean will consider a request for access to such resources. The lack or limited availability of resources could result in modification or extension of the Faculty Improvement Plan.

Section 4: Report of Completion

A final report of completion describing the activities' outcomes will be submitted in the Winter term [20XX] of the academic year following the start date of the Faculty Improvement Plan.

Section 5: Agreement

This Post-Continuous Appointment Review (PCAR) Faculty Improvement Plan (FIP) has been agreed upon by [RANK] [FACULTY NAME], the [DEPARTMENT] Department Chair/Designee [DEPT CHAIR NAME], and Dean [NAME] for [SCHOOL/COLLEGE]. The department chair/designee and the faculty member will meet near the beginning of the fall term following the PCAR to review the improvement plan and near the end of the fall term to review the faculty member's progress on the improvement plan. Prior to the end of fall term, the department chair/designee is to provide the faculty member with a written assessment of progress on the faculty improvement plan, which includes identification of issues that have not yet been successfully improved. Winter term of the academic year following the start date of the Faculty Improvement Plan, the department chair/designee shall meet to review progress on the improvement plan. After the meeting, the department chair/designee is to notify the faculty member whether the improvement plan has been successfully completed.

When the department chair/designee decides the objectives have not been reached, the faculty member may request in writing a conference for reconsideration by the department chair/designee within 10 working days of the receipt of the chair/designee's letter to the Dean. The faculty member may provide additional materials in writing within 10 business days of the request for reconsideration.

I have reviewed and agree to the terms of the FIP as detailed herein.

[FACULTY NAME]
[RANK], [DEPARTMENT]

Date

I have reviewed the PDP for [FACULTY NAME] and concur with the plan as proposed.

[NAME]
Chair, [DEPARTMENT]

Date

[NAME]
Dean, [SCHOOL/COLLEGE]

Date



Department Chair/Designee's Certification of Completed Faculty Improvement Plan

Faculty Name:	[FACULTY NAME]
Rank:	[RANK]
School/College:	[SCHOOL/COLLEGE]
Department:	[DEPARTMENT]
PSUID:	[9-NUMBER]

Completion Statement

Describe how FIP was completed or attach the Final Report of Completion, including any extensions granted.

Agreement

I agree that the terms of the FIP have been completed, and the faculty member is eligible for the post-continuous review increase currently in force, effective September 16, the following academic year.

[FACULTY NAME]
[RANK], [DEPARTMENT]

Date

[NAME]
Chair, [DEPARTMENT]

Date

[NAME]
Dean, [SCHOOL/COLLEGE]

Date

Attach the approved Faculty Improvement Plan and forward this signed certification of completion to the Provost's Office at academicpersonnel@pdx.edu.