

IMPERIAL VALLEY COLLEGE  
REMEDIATION PLAN OF ACTION

Faculty Member: \_\_\_\_\_ Semester: \_\_\_\_\_

Faculty Member's Status (circle): Tenure Review Full-Time Permanent Full-Time Temporary Part-time

<p><b>Actions to be performed by Faculty Member:</b>  <i>(Be specific, list specific remedial needs or activities, giving dates for completion to ensure that goals are attainable in the time limit specified.)</i></p>

<p><b>Actions to be performed by Evaluator(s)</b> (ITRC or Administrator as applicable):  <i>(Be specific on how the evaluator will facilitate each remediation activity listed above)</i></p>

_____	_____	_____
Faculty Member Name	Signature	Date
_____	_____	_____
Supervising Administrator Evaluator Name	Signature	Date
_____	_____	_____
IVC/CCA/CTA/NEA Representative Name	Signature	Date
_____	_____	_____
Area VP Name	Signature	Date