Evaluation Form 9

IMPERIAL VALLEY COLLEGE
REMEDIATION PLAN OF ACTION FORM

Faculty Member: _____ Semester: _____

Semesters of Experience in Current Position: _____ Date: _____

Actions to be performed by Faculty Member: *(Be specific, giving dates for completion to ensure that goals are attainable in the time limit specified.)*

Actions to be performed by Evaluator(s) *(Be Specific.)*

Evaluatee	Signature	Date
Evaluator	Signature	Date
Dean or Designee	Signature	Date
VP for Academic Services	Signature	Date

Date Form Completed: _____