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## CPR Improvement Plan

Form 8

<b>Faculty Member Name</b>	<b>Rank</b>	<b>Dept</b>	<b>College</b>	<b>PERNO</b>
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<b>Dept. Chair Name</b> _____ <b>CPR Chair Name</b> _____	<b>Relevant area(s) of concern for this plan (check applicable)</b>	<input type="checkbox"/> <b>Teaching Service</b>	<input type="checkbox"/> <b>Scholarly Activities</b>	<input type="checkbox"/> <b>Patient Care</b>
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<b>Time Frame for Plan (typically one year)</b> _____ month _____ year to _____ month _____ year	<b>Planned ongoing assessments (month/year)</b> #1 _____ #2 _____ #3 _____	<b>Final Assessment and Evaluation</b> _____ month _____ year
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Description of Specific Performance Concern	Specific Performance, Results &/or Outcomes to be Achieved to Address Concern	Activities, Resources &/or Actions to Accomplish Outcomes (1)	Metrics to Assess Ongoing Progress	Metrics to Evaluate Achievement	Met or Not Met + Date
1.					
2.					
3.					
4.					
5.					

*(Add more rows if needed)*

<b>Initial Plan Development</b>	_____ <b>Faculty Member Signature</b>	_____ <b>Date</b>	_____ <b>CPR Committee Chair Signature</b>	_____ <b>Date</b>
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<b>Final Review of Outcomes</b>	_____ <b>Faculty Member Signature</b>	_____ <b>Date</b>	_____ <b>CPR Committee Chair Signature</b>	_____ <b>Date</b>
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(1) The UT Board of Trustees Policy Governing Academic Freedom, Responsibility and Tenure (Revised 19 June 2003, 16 March 2006), Section G., Item 2, notes that the written CPR Improvement Plan ... "may include, but shall not be limited to, skill-development leave of absence, intensive mentoring, curtailment of outside services, change in load/responsibilities), normally of up to one calendar year, and a means to assess its efficacy" ... The UTHSC Faculty Handbook concurs with this.

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