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| **Faculty Member Name** |  | **Rank** |  | **Tenure Status** |  | **Department** |  | **College** |  | **Personnel Number** |

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| **APPR Rating** |  | **Needs Improvement for Rank** |  |  |  | **Relevant area(s) of concern for this plan (check all applicable)** |  | **Teaching** |  |  | **Scholarly Activities** |
|  | **Unsatisfactory for Rank** |  | **Date of the annual review triggering this plan** |  |  | **Service** |  |  | **Patient Care** |

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| **Planned ongoing quarterly assessments (month/year)** |  |  |  |  |  |  | **Final Assessment and Evaluation** |  |  |  |
| **#1** |  | **#2** |  | **#3** | **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 (2)** |  | **Metrics to Assess Ongoing Progress** |  | **Metrics to Evaluate Achievement** |  | **Met or Not Met + Date** |
| 1. |  |  |  |  |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |  |  |  |  |

***Notes: (1) Add more rows if needed (2) Additional narrative should be included on an attached page (3) Attach APPR that triggered plan.***

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| ***Initial Plan Development*** |  | ***Final Review of Plan*** |
|  |  |  |  |  |  |  |
| **Faculty Member Signature** |  | **Date** |  | **Faculty Member Signature** |  | **Date** |
|  |  |  |  |  |  |  |
| **Department Chair Signature** |  | **Date** |  | **Department Chair Signature** |  | **Date** |
|  |  |  |  |  |  |  |
| **Dean Signature** |  | **Date** |  | **Dean Signature** |  | **Date** |