

## Contract Faculty Evaluations Work Plan Form

Evaluatee:  
Position:  
Contract Status:

Date:  
Discipline:  
Semester:

In an effort to support continual improvement as a full time faculty member at NVC, this evaluation team is recommending the following specific steps to be completed by the \_\_\_\_\_th week of the \_\_\_\_\_semester:

Activity	Timeline	Completed

Evaluation Area	Goal	Level of Success (M N D)

We, the undersigned, have agreed to the work plan above.

\_\_\_\_\_  
Evaluatee/Date

\_\_\_\_\_  
Lead Coach/Date

\_\_\_\_\_  
Tenured Division Faculty/Date

\_\_\_\_\_  
Tenured Division Faculty/Date