

# Faculty Professional Development Process Final Report Sign-off

Faculty: \_\_\_\_\_



Supervisor/Faculty Comments:

Areas Needing Improvement:

Areas of Outstanding Performance:

Please check one of the following boxes **only** if this individual will be recommended for an extra step increase or placed on an improvement plan.

Recommended for additional step increase due to outstanding performance.

Need for improvement.

Supervisor \_\_\_\_\_ Date \_\_\_\_\_ Dean \_\_\_\_\_ Date \_\_\_\_\_

Comments:

Faculty \_\_\_\_\_ Date \_\_\_\_\_ Vice President \_\_\_\_\_ Date \_\_\_\_\_

Comments: