

**IMPERIAL VALLEY COLLEGE
REMEDATION 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: _____