

Southwestern Community College  
**Faculty Continuous Improvement Plan**

Employee \_\_\_\_\_ Period Covered \_\_\_\_\_

Title of Present Position \_\_\_\_\_

<b>Instruction</b>	
<b>What did you do particularly well?</b>	
<b>What are some thoughts for improvement?</b>	
<b>Non-Instructional Responsibilities</b>	
<b>What did you do particularly well?</b>	
<b>What are some thoughts for improvement?</b>	
<b>If there are seminars, training, or professional development opportunities that you would like to see the college offer, please list those here.</b>	
Faculty Member Signature	Date
Supervisor's Signature	Date