**PERFORMANCE IMPROVEMENT PLAN (PIP)**

**Name: Post:**

**Department/Faculty: Line manager:**

**Review Period: 6 weeks / 12 weeks** \*Delete as appropriate

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| **AREAS TO IMPROVE** | **BEHAVIOURS FOR DEVELOPMENT** | **SUCCESS FACTORS** | **HOW SUCCESS FACTORS WILL BE MET** | **ADDITIONAL SUPPORT REQUIRED** | **Agreed time scale** | **Outcome** |
| **Teaching** | 1. Documentation 2. Communication 3. Preparation 4. Delivery of Teaching 5. Student Learning 6. Assessment and Feedback 7. Use of Resources | * Clear objectives for students * Improved results * Evidence trail of student progression on an ongoing basis * Timely feedback on progression, homework and project work | * Student evaluation * Observation * Exam results * Completed mark books/ checklists |  |  |  |
| **Team work** | 1. Communication 2. Sharing good practice 3. Proposing new ideas 4. Active contribution to course success | * New initiatives * Course awareness results are integral to class delivery * Improvements are tracked and information shared | * Use of Mags * Suggestions are discussed * Peer observations |  |  |  |
| **Class management** | 1. Attendance and punctuality 2. Student contributions are controlled 3. Activities are clear and organised | * Clear lesson plans * Satisfied students | * Registers indicate high levels of attendance and punctuality * Student evaluation * Observations |  |  |  |
| **Cognus**  **systems** | 1. Adherence to Cognus policies and procedures 2. Tutorial 3. Contact with stakeholders (internal/external) | * Letters of concern/congratulation * MIS information is up to date * Information is shared in a timely and informed way * Support is appropriate to the needs of the students | * Active monitoring is evidence by MIS, email * Workshop and support registers |  |  |  |
| **Managing self** | 1. Time keeping 2. Self-motivation and students 3. Preparation and planning | * Gaps in skills are addressed * Students are engaged * Sessions are run without disruption (such as collecting additional material, photocopying…) | * CPD * Observation/ evaluation |  |  |  |

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| **REVIEW MEETINGS:** | | | | |
|  | Date | Employee signature | Line Manager signature | Comments |
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| AGREED BY THE EMPLOYEE (SIGNATURE): | NAME: | DATE: |
| LINE MANAGER (SIGNATURE): | NAME: | DATE: |