**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
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| **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
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| **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: |