

**IMPERIAL VALLEY COLLEGE
REMEDATION PLAN OF ACTION FORM**

_____ 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.)

[Redacted area containing the remediation plan details]

Evaluatee

Date

Dean or Designee

Signature

Date

VP for Academic Services

Signature

Date

Date Form Completed: _____