Department Chair Name:

Campus:  Belle Glade  Boca Raton  Lake Worth  Palm Beach Gardens

Date:

Subject Area(s):

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**Instructions:** Please provide the names of the adjuncts you supervised, indicate the observation date(s), if any items on the observation were marked “Needs improvement” or “Unsatisfactory”, please provide a comment and action plan summary. Please submit to your supervisor when completed.

**Due:** The last day of the Spring Term (report covers Summer, Fall Spring)

To add a new line in the table below, hit the “tab” key when you are in the last cell of the row.

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| --- | --- | --- | --- | --- |
| **Adjunct Name** | **Observation Date** | **Any Items marked “Needs improvement” or “Unsatisfactory”?**  **(Yes or No)** | | **Performance Improvement Plan Summary** |
| **Yes** | **No** |
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