

AFT to CCSF September 2, 2026
Exhibit U: Improvement Plan Form

9/2/26
1:45 pm

TO BE COMPLETED BY EVALUATION TEAM

Faculty: _____ Department: _____ Date: _____

Goal Areas Needing Improvement as Described in the Evaluation Form	Suggested Means of Achieving Goal Action Steps	Timelines for Completion	Evidence of Completion
1.			
2.			
3.			

Faculty Name: _____ Signature*: _____ Date: _____

Peer Evaluator Name: _____ Signature: _____ Date: _____

Peer Evaluator Name: _____ Signature: _____ Date: _____

Peer Evaluator Name: _____ Signature: _____ Date: _____

Department Chair Name (if applicable): _____ Signature: _____ Date: _____

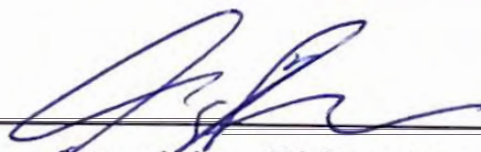
Committee Name: _____ Signature: _____ Date: _____

Dean Name (if applicable): _____ Signature: _____ Date: _____



Christine Coleman, Chief Negotiator, City College of San Francisco

Date: 9/22/26



Spencer Jackson, Chief Negotiator, AFT 2121

Date: 9/22/26