

**2008- 2009
Instructional Improvement Agreement
July 1, 2008 – June 30, 2009**

Name _____ Employee # _____
Last First M.I.

Discipline _____ Ext _____ Email _____ Mailbox # _____

Please indicate your status and number of hours to complete and report from July 1, 2008 – June 30, 2009:

- () **Full-Time Faculty** – must complete and report 33.5 hours _____
- () **Full-Time Faculty with additional hourly loads** – must complete and report 33.5 hours +
½ of their total annual hourly assignment _____
- () **Faculty with release time assignment** – must complete and report on a pro-rata basis.
For example, a 60% teaching assignment must complete 60% of 33.5 hours _____
- () **Adjunct Faculty** – must complete and report ½ of their total annual hourly assignment _____

Please indicate your instructional improvement goal(s) for the 2008-2009 academic year:

- | | | |
|---|--|---|
| <input type="checkbox"/> Improvement of Instruction | <input type="checkbox"/> Multicultural Awareness | <input type="checkbox"/> Personal Enhancement |
| <input type="checkbox"/> Professional Enhancement | <input type="checkbox"/> Technological Proficiency | <input type="checkbox"/> Institutional Growth/Development |
| <input type="checkbox"/> Other _____ | | |

PRE-APPROVED INSTRUCTIONAL IMPROVEMENT ACTIVITIES

Pierce Departmental, Interdepartmental, Campus-wide & District Activities (see attached list)

Activity #	Date	Activity	Hours	Attended <input checked="" type="checkbox"/>
89100	Aug 29, 2008	College Convocation	6.5	

INDIVIDUAL INSTRUCTIONAL IMPROVEMENT ACTIVITIES

All activities listed in this area must be documented on side B. If you have more than 4 activities, please use an additional side B

Activity #	Date	Title or name of Individual Instructional Improvement Activity	Hours
1			
2			
3			
4			

Total Hours _____

I understand that Professional Development/FLEX activities are considered a contractual obligation and Professional Development/FLEX days are included in my salary, as negotiated by the AFT. I certify that the information reported on this form is true and correct and that I have satisfied my Instructional Improvement obligation as prescribed by law. Please submit this form to Kathy Oborn, mailbox # 155 no later than June 1, 2009 and be sure to make and keep a copy for yourself.

Certification: _____
Employee's Signature Date

Acceptance: _____
Professional Development Coordinator Date

**Individual Activity Documentation
Side B**

Name _____

Email _____

Individual Instructional Improvement Activity #1

Date	Title/name and description of activity	Hours

This activity satisfies the following:

- Improvement of Instruction
- Professional Enhancement
- Other _____
- Multicultural Awareness
- Technological Proficiency
- Personal Enhancement
- Institutional Growth/Development

Individual Instructional Improvement Activity #2

Date	Title/name and description of activity	Hours

This activity satisfies the following:

- Improvement of Instruction
- Professional Enhancement
- Other _____
- Multicultural Awareness
- Technological Proficiency
- Personal Enhancement
- Institutional Growth/Development

Individual Instructional Improvement Activity #3

Date	Title/name and description of activity	Hours

This activity satisfies the following:

- Improvement of Instruction
- Professional Enhancement
- Other _____
- Multicultural Awareness
- Technological Proficiency
- Personal Enhancement
- Institutional Growth/Development

Individual Instructional Improvement Activity #4

Date	Title/name and description of activity	Hours

This activity satisfies the following:

- Improvement of Instruction
- Professional Enhancement
- Other _____
- Multicultural Awareness
- Technological Proficiency
- Personal Enhancement
- Institutional Growth/Development