# Coaching Improvement Plan (CIP)

**(Confidential)**

**Employee Name**: _____

**Job Title**: _____

**Department**: _____

**Manager Name**: _____ **Date of Meeting**: _____

The purpose of this CIP is to document serious employment concerns, note gaps in work performance, define the College's expectations, and allow the opportunity to demonstrate improvement and commitment.

**Areas of Concern**: Actions (or inactions) and/or behaviors that have adversely affected job performance, co-workers, students, partners, constituents and/or the College.

| Area of Concern | Resulting Issues |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

| Expected Outcome | Measurement (frequency) |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

**Observations, Previous Discussions or Coaching Sessions:** Recap of date and time an Area of Concern has been previously addressed in the recent/relevant past.

| | Date & Time | Area of Concern | Summary of How Concern was Addressed |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

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**Improvement Goals to Address Areas of Concern**

| | |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

**Activities and actions to help you reach your goals**: the following activities/actions must be accomplished in order to demonstrate your progress towards achievement of each improvement goal.

| Goal # | Activities & Actions | Start Date | Projected Completion Date |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

**Core Values Expectation:**

Saint Joseph's College expects all employees to assume responsibility for their interactions with other employees. This represents the Core Value of Excellence in how we represent ourselves and complete our daily work. The Core Value of Community is also integral in the ability to work as an effective team member.

**Acknowledgement of Coaching Improvement Plan (CIP):**

By signing this form, you confirm that you understand the information in this Coaching Improvement Plan (CIP). You also confirm that you and your manager have discussed all of the information in this plan for improvement. Signing this form does not necessarily indicate that you agree with this Coaching Improvement Plan (CIP).

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I understand that failure to comply with the set Coaching Improvement Plan (CIP) may result in disciplinary action up to and including termination.

| | Your Name Printed | Your Signature | Date |
|---|---|---|---|
| **Employee** | | | |
| **Manager** | | | |
| **Witness if Employee understands CIP, but refuses to sign** | | | |
| **Human Resources** | | | |