

FACULTY PERFORMANCE REVIEW TRACKING SHEET

	Date	Initials
<u>Department RTP Committee</u>		
Package received by DRTPC Chair	_____	_____
DRTPC notified Candidate of recommendation	_____	_____
Candidate appealed to CRTPC	_____	_____
<u>College RTP Committee</u>		
Package received by CRTPC Chair	_____	_____
Meeting held with Candidate, CRTPC, and DRTPC	_____	_____
CRTPC notified Candidate of evaluation of appeal (copy to DRTPC)	_____	_____
If appeal upheld, package returned to DRTPC Chair	_____	_____
DRTPC responded to appeal (copy to CRTPC Chair)	_____	_____
<u>Dean/Director</u>		
Package received by Dean/Director	_____	_____
Dean/Director notified Candidate of recommendation (copies to DRTPC and CRTPC)	_____	_____
Candidate appealed Dean's/Director's recommendation to URTPC	_____	_____
<u>University RTP Committee</u>		
Package received by Faculty Affairs for URTPC	_____	_____
Appeal hearing held with Candidate, URTPC, Dean, CRTPC Chair, and DRTPC Chair	_____	_____
URTPC notified Candidate of evaluation of appeal (copies to Dean, CRTPC, and DRTPC)	_____	_____
If appeal upheld, package returned to Dean/Director	_____	_____
Dean/Director responded to appeal (copies to URTPC, CRTPC, and DRTPC)	_____	_____
URTPC notified Candidate of recommendation	_____	_____
<u>Provost and Vice President for Academic Affairs</u>		
Package received in Provost's Office	_____	_____

Deleted: Candidate requested reconsideration

Deleted: DRTPC notified Candidate of result of reconsideration

Deleted: Candidate requested reconsideration

Deleted: Dean notified Candidate of result of reconsideration (copies to DRTPC and CRTPC)

**CANDIDATE'S ACKNOWLEDGMENT OF THE DRTP COMMITTEE'S
EVALUATION AND RECOMMENDATION**

STATEMENT:

"I have seen each page of the DRTP Committee's evaluation and recommendation, as well as all dissenting comments included by DRTPC members, if any, and *(check one of the following and sign)*...

_____ acknowledge them."
—

_____ respond to them without appeal." (Include the response on the following pages numbered 9.a, 9.b, 9.c, ...)
—

_____ acknowledge with appeal."
—

**SIGNATURE OF
CANDIDATE:**

DATE:

Deleted: request a reconsideration by the DRTPC (which I understand must be granted). I will submit a formal request in writing, along with additional information I feel is important within seven (7) working days following receipt of the DRTPC's recommendation." ¶

¶
[Candidate's request for reconsideration should be inserted as pages 9.1.a, 9.1.b, ...]¶

¶
[Response from DRTPC to reconsideration request should be inserted as pages 9.2.a, 9.2.b, ...]

Deleted: **AFTER RECONSIDERATION**

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APPEAL:

The candidate will sign below only after the DRTPC recommendation was considered and the candidate wishes to proceed with an appeal.

_____ "I appeal the DRTPC's recommendation to the CRTPC. I understand that (1) a formal written appeal must be filed with the CRTPC before 5:00 p.m. on the tenth calendar day following receipt of the DRTPC's recommendation and, that (2) the only valid grounds for appeal are (a) misapplication of approved criteria and/or (b) violation of procedure by the DRTPC."

[Candidate's appeal to the CRTPC should be numbered as pages 9.3.a, 9.3.b, 9.3.c, ... and delivered to the Office of Faculty Affairs.]

[Response from CRTPC on the appeal appears on page 13.]

**SIGNATURE OF
CANDIDATE:**

DATE:

CANDIDATE'S ACKNOWLEDGMENT OF THE DEAN'S/DIRECTOR'S EVALUATION AND RECOMMENDATION

STATEMENT:

"I have seen each page of the Dean's/Director's evaluation and recommendation and (check one of the following and sign)...

_____ acknowledge them."

_____ respond to them without appeal." (Include the response on the following pages numbered 16.a, 16.b, 16.c, ...)

_____ acknowledge with appeal."

SIGNATURE OF CANDIDATE: _____ DATE: _____

Deleted: request a reconsideration by the Dean/Director (which I understand must be granted). I will submit a formal request in writing, along with additional information I feel is important within seven (7) working days following receipt of the Dean/Director's recommendation." ¶ [Candidate's request for reconsideration should be inserted as pages 16.1.a, 16.1.b, 16.1.c, ...]¶ [Response from Dean/Director to reconsideration request should be inserted as pages 16.2.a, 16.2.b, ...]

APPEAL:

The candidate will sign below only after the Dean's/Director's recommendation was considered and the candidate wishes to proceed with an appeal.

_____ "I appeal the Dean/Director's recommendation. I understand that (1) a formal written appeal must be filed with the URTPC before 5:00 p.m. on the tenth calendar day following receipt of the Dean/Director's recommendation, that (2) the only valid grounds for appeal are (a) misapplication of approved criteria and/or (b) violation of procedure by the Dean/Director."

[Candidate's appeal to the URTPC should be numbered as pages 16.3.a, 16.3.b, 16.3.c, ... and delivered to the Office of Faculty Affairs.]

[Response from URTPC on the appeal appears on page 17.]

SIGNATURE OF _____ DATE: _____

Deleted: AFTER RECONSIDERATION
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FACULTY MEMBER'S SIGNATURE: _____

DATE: _____

CANDIDATE: _____

**FACULTY MEMBER'S
SIGNATURE:**

DATE:

**PERIODIC EVALUATION
OF PROBATIONARY AND TENURED FACULTY**

Directions to Faculty Member: Please complete pages 3 through 6, appending additional pages as appropriate. The process for Periodic Evaluation of [Probationary and Tenured](#) Faculty seeks to provide a fair evaluation of your performance during the evaluation period. Please be aware that nothing may be added to this package at any stage without your being given the opportunity to acknowledge and respond to any such information.

Faculty Member: _____

Department: _____

Please mark your academic rank:

Assistant Professor: _____ Associate _____ Professor: _____

Academic Qualifications: (Please list in reverse chronological order of receipt)

Degree, Certificate or License Granted	Institution	Discipline	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Deleted: Academic Year of RTP
Criteria Used for this Evaluation:

Period Covered by this
Evaluation: _____

(i.e., period since most recent formal evaluation--- RTP or post-tenure)

**FACULTY MEMBER'S
SIGNATURE:** _____

DATE: _____

**REPORT OF TEACHING AND RELATED DUTIES,
PROFESSIONAL ACTIVITIES AND SERVICE TO THE
UNIVERSITY AND COMMUNITY**

In sections 1 through 5, *please include information for the period covered by this evaluation only.*

1. **Course Assignments** _____ **Academic Year(s)**

2. **Assigned Related Duties:**

Please list assignments and duties not directly connected with teaching; eg., committee assignments, student activity involvement, and university service contributions. Please do not list such items as office hours, class preparation, or grading papers and examinations.

**FACULTY MEMBER'S
SIGNATURE:**

DATE:

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3. **Professional Activities:**

Please list, for example, offices held in professional organizations, conferences attended, papers you presented, consulting activities, research efforts, editorial activities for professional journals, scholarly work in progress, achievements, recognitions, awards and honors. Include any activities which contributed to your professional growth.

4. **Service to the Community:**

Please list only those activities related to your professional career.

5. **Other Noteworthy Activities:**

**FACULTY MEMBER'S
SIGNATURE:**

DATE:

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**FACULTY MEMBER'S
SIGNATURE:**

DATE:

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SELF-EVALUATION OF PERFORMANCE

Please address each of the items identified in your department's approved criteria, being as specific as possible. Indicate how you have met or exceeded each criterion. Attach additional pages (suggested limit 5 pages), numbering each in order 6a, 6b, etc. Rather than attaching copies of pertinent documents, you may append an index of these items with the understanding that you will make them available to evaluators upon request. Do include copies of computer printouts of results of student evaluations of teaching and originals of peer evaluation reports. These documents are in addition to the suggested 5-page limit.

**FACULTY MEMBER'S
SIGNATURE:**

DATE:

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Current Academic Rank _____

Deleted: RTP

DEPARTMENT PERIODIC REVIEW COMMITTEE RECOMMENDATION

Deleted: RTP

Deleted: **POST-TENURE REVIEW PROCESS**

STATEMENT:

"The members of the Department Periodic Review Committee, whose signatures and academic ranks appear below, have completed the evaluation process. The committee based the evaluation of the candidate's performance on the approved Department document/policy. Criteria for evaluation not included in this document/policy have not been utilized."

Deleted: RTP

Deleted: post-tenure review

Deleted: our

Deleted: review

Deleted: with reference

Deleted: to

Deleted: RTP

PRINTED NAME/SIGNATURE

ACADEMIC RANK

DATE

(Periodic Review Committee Chair) _____

Deleted: DRTPC

Members of the Periodic Review Committee, who do not agree with the recommendation of the majority may submit their comments on additional pages following this one. These pages should be numbered consecutively 7a, 7b, 7c, etc.

Deleted: DRTPC

Deleted: Committee's

FACULTY MEMBER'S SIGNATURE: _____

DATE: _____

DEPARTMENT PERIODIC REVIEW COMMITTEE EVALUATION OF PERFORMANCE

Deleted: ¶

This peer evaluation is to be specific, honest and clear in identifying the faculty member's strengths and weaknesses. Reference should be made to specific department criteria (by number, if possible). This evaluation must include interpretations of the faculty member's student evaluations (Please see Appendix 10 of the University Manual). Specific recommendations for improvement should be addressed. The acceptability of what the faculty member has proposed for personal professional growth activities in the next evaluation period are appropriate elements of the evaluation. It is expected that additional pages will be necessary; they should be numbered as 8a, 8b, 8c, etc. The faculty member will acknowledge receipt of this evaluation by signing each page.

**FACULTY MEMBER'S
SIGNATURE:**

DATE:

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ACKNOWLEDGMENT OF DEPARTMENT PERIODIC REVIEW COMMITTEE'S
EVALUATION

STATEMENT:

"I have seen each page of the Review Committee's evaluation and

_____ acknowledge it."

_____ respond to it (including the response on the following
pages _____ through _____)."

**FACULTY MEMBER'S
SIGNATURE:**

DATE:

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I have read and received a copy of this evaluation and understand that it will be placed in my Personnel Action File. I understand that I have ten (10) calendar days from the date below to submit a response or rebuttal statement to the Department Review Committee.

**FACULTY MEMBER'S
SIGNATURE:**

DATE:

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DEAN'S/DIRECTOR'S EVALUATION
OF PERFORMANCE

DEAN'S _____ **DATE:** _____

FACULTY MEMBER'S
SIGNATURE: _____ **DATE:** _____

**FACULTY MEMBER'S
SIGNATURE:**

DATE:

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ACKNOWLEDGEMENT OF THE DEAN'S/DIRECTOR'S EVALUATION

STATEMENT:

"I have seen each page of the Dean's/Director's evaluation and

_____ acknowledge it."

_____ respond to it (including the response on the following pages _____ through _____)."

I have read and received a copy of this evaluation and understand that it will be placed in my Personnel Action File. I understand that I have ten (10) calendar days from the date below to submit a response or rebuttal statement to the Dean/Director.

**FACULTY MEMBER'S
SIGNATURE:**

DATE:

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**FACULTY MEMBER'S
SIGNATURE:**

DATE:

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