



West Chester University of Pennsylvania

Checklist For Performance Review of a Probationary Faculty Member NON-CLASSROOM FACULTY

*This informal information specifies the items the TeP Committee review in each file.
Incomplete files will be returned to the applicant.*

Faculty Member: _____
 Department: _____
 Semester(s) Reviewed: _____
 Probationary 1st 2nd 3rd 4th 5th (circle one)
 Date of Review: _____

In accordance with Article XII of the Collective Bargaining Agreement, a performance review for the above named faculty member is presented as follows:

- ☐ 1 FACULTY MEMBER received an explanation of the evaluation procedure from the Evaluation Committee prior to the start of the review process.
- ☐ 2 FACULTY MEMBER provided an updated vita to department committee.
- ☐ 3 Updated copy of vita is attached.
- ☐ 4 Evaluation Committee's reports, including recommendation regarding renewal or non-renewal, was prepared and is attached.
- ☐ 5 Evaluation Committee provided the FACULTY MEMBER a reasonable opportunity to discuss its report.
- ☐ 6 Evaluation Committee provided the FACULTY MEMBER and Department Chairperson with a copy of its report.
- ☐ 7 The Evaluation Committee submitted its report -- along with the supportive materials enumerated in CBA Article XII -- to the appropriate dean or manager.
- ☐ 8 Department Chairperson's independent report, including recommendation regarding renewal or non-renewal, was prepared and is attached.
- ☐ 9 The Department Chairperson provided the FACULTY MEMBER a reasonable opportunity to discuss the Chairperson's report.
- ☐ 10 The Department Chairperson provided the FACULTY MEMBER and Evaluation Committee with a copy of the Chairperson's report.
- ☐ 11 The Chairperson submitted his/her report to the appropriate dean or manager
- ☐ 12 A current SoE and updated SoE for the next evaluation cycle are attached.
- ☐ 13 The Departmental Teacher/Scholar Model is attached.

FACULTY MEMBER:

Name _____ Date _____

Signature: _____

DEPARTMENT CHAIRPERSON:

Name _____ Date _____

Signature: _____ Date _____

EVALUATION COMMITTEE CHAIRPERSON:

Name _____ Date _____

Signature: _____ Date _____