



**West Chester University of Pennsylvania**  
**Probationary NON-CLASSROOM Faculty Member**  
**Checklist for Performance Review**

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

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**Faculty Member:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Semester(s) Reviewed:** \_\_\_\_\_

**Probationary Year (check one):**   ☐ 1<sup>st</sup>   ☐ 2<sup>nd</sup>   ☐ 3<sup>rd</sup>   ☐ 4<sup>th</sup>

**Date of Review:** \_\_\_\_\_

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**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 current vita to department committee.
3. ☐ Current copy of vita is attached.
4. ☐ Evaluation Committee's report, including recommendation regarding renewal or non-renewal, as 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 chairpersons' independent report 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 evaluation instrument data is attached.



14. ☐ The Department Teacher/Scholar Model is attached.

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**SIGNATURES:**

**FACULTY MEMBER:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT CHAIRPERSON:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EVALUATION COMMITTEE CHAIRPERSON:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_