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 reviews 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 a current vita to department committee.
3. Current 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.
FACULTY MEMBER:

Name: ______________________________ Date: ______________

Signature: ___________________________ Date: ______________

DEPARTMENT CHAIRPERSON:

Name: ______________________________ Date: ______________

Signature: ___________________________ Date: ______________

EVALUATION COMMITTEE CHAIRPERSON:

Name: ______________________________ Date: ______________

Signature: ___________________________ Date: ______________