



West Chester University of Pennsylvania
Tenured 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.

Faculty Member: _____

Department: _____

Semester(s) Reviewed: _____

Date of Review: _____

Is this Evaluation a regularly scheduled five-year review? Yes No

Is this Evaluation being completed as part of the promotion process? Yes No

Is this an Interim Evaluation? Yes No

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. Evaluation Committee provided the FACULTY MEMBER a reasonable opportunity to discuss its report 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: _____