

West Chester University of Pennsylvania Checklist For Performance Review of a Tenured Faculty Member CLASSROOM FACULTY

Faculty	Member:	:					
Departr							
	ter(s) Rev	viewed:					
	Review:	a a regularly cahadulad five year review?					
Is this Evaluation a regularly scheduled five-year review? Yes No							
Is this E	Is this Evaluation being completed as part of the promotion process? Yes No						
Is this a	an Interim	Evaluation? Yes No					
		ith Article XII of the Collective Bargaining Agreement, a performance review for d 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	Student Rating of Instructor Survey (SRIS) for the FACULTY MEMBER were completed in all classes in the fall semester covered by this review.					
	5	Summary of SRIS (Student Rating of Instructor Survey) in all classes in the fall semester is attached.					
	6	FACULTY MEMBER was observed by the Evaluation Committee at least once in each semester evaluated.					
	7	FACULTY MEMBER was observed at least once per academic year by the Department Chairperson.					
	8	Prior to putting the observation into writing, there was a discussion of each visit between the observer and the FACULTY MEMBER.					
	9	The written observation report was given to the FACULTY MEMBER.					
	10	FACULTY MEMBER had the opportunity for written comment relative to each observation.					
	11	FACULTY MEMBER signed each observation report.					
	12	Each observation report is attached.					
	13	Evaluation Committee's report was prepared and is attached.					
	14	Evaluation Committee provided the FACULTY MEMBER a reasonable opportunity to discuss its report.					
	15	Evaluation Committee provided the FACULTY MEMBER and Department Chairperson with a copy of its report.					
	16	The Evaluation Committee submitted its reportalong with the supportive materials enumerated in CBA Article XIIto the appropriate dean or manager.					

Signature: DEPARTMENT CHAIRPERSON: Name Date Signature: Date EVALUATION COMMITTEE CHAIRPERSON: Name Date	□ 18 The Department Chairperson provided the FACULTY MEMBER a reasonable opportunity to discuss the Chairperson's report. □ 19 The Department Chairperson provided the FACULTY MEMBER and Evaluation Committee with a copy of the Chairperson's report. □ 20 The Chairperson submitted his/her report to the appropriate dean or manager. □ 21 A current SoE and updated SoE for the next evaluation cycle are attached. □ 22 The Departmental Teacher/Scholar is attached. FACULTY MEMBER: Name Date DEPARTMENT CHAIRPERSON: Name Date Signature: Date EVALUATION COMMITTEE CHAIRPERSON: Name Date Date Date					
opportunity to discuss the Chairperson's report. 19	opportunity to discuss the Chairperson's report. 19		17	Department Chairperson's independent report was prepared and is attached.		
Committee with a copy of the Chairperson's report. 20	Committee with a copy of the Chairperson's report. 20		18			
manager. 21	manager. 21		19			
□ 22 The Departmental Teacher/Scholar is attached. FACULTY MEMBER: Name Date Signature: Date DEPARTMENT CHAIRPERSON: Date Name Date Signature: Date EVALUATION COMMITTEE CHAIRPERSON: Name Name Date	□ 22 The Departmental Teacher/Scholar is attached. FACULTY MEMBER: Name Date Signature: Date DEPARTMENT CHAIRPERSON: Date Name Date Signature: Date EVALUATION COMMITTEE CHAIRPERSON: Name Name Date		20		appropriate dean or	
FACULTY MEMBER: Date Name Date Signature: Date DEPARTMENT CHAIRPERSON: Date Name Date Signature: Date EVALUATION COMMITTEE CHAIRPERSON: Date Name Date	FACULTY MEMBER: Date Name Date Signature: Department Chairperson: Name Date Signature: Date EVALUATION COMMITTEE CHAIRPERSON: Name Name Date		21	A current SoE and updated SoE for the next eva	aluation cycle are attached.	
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Name Date	Name Date	Signatur	e: _		Date	
		EVALUA	TION	COMMITTEE CHAIRPERSON:		
Signature: Date	Signature: Date	Name:			Date	
		Signatur	e: _		Date	