



**West Chester University of Pennsylvania**  
**Checklist for Performance Review**  
**of a Temporary 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 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> (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: \_\_\_\_\_

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