

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

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 The Department Teacher/Scholar Model is attached.

FACULTY MEMBER:

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

DEPARTMENT CHAIRPERSON:

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

EVALUATION COMMITTEE CHAIRPERSON:

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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