



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.

SIGNATURES:

FACULTY MEMBER:

Print Name: _____ Date: _____

Signature: _____ Date: _____

DEPARTMENT CHAIRPERSON:

Print Name: _____ Date: _____

Signature: _____ Date: _____

EVALUATION COMMITTEE CHAIRPERSON:

Print Name: _____ Date: _____

Signature: _____ Date: _____