

**APPENDIX 27A
PERIODIC EVALUATION
OF PROBATIONARY AND TENURED FACULTY
California State Polytechnic University, Pomona**

Directions to Faculty Member: Please complete pages 3 through 6, appending additional pages as appropriate. The process for Periodic Evaluation of Probationary and Tenured Faculty seeks to provide a fair evaluation of your performance during the evaluation period. Please be aware that nothing may be added to this package at any stage without your being given the opportunity to acknowledge and respond to any such information.

Faculty Member: _____

Department: _____

Please mark your academic rank:

Assistant Professor: _____ Associate Professor: _____ Professor: _____

Academic Qualifications: (Please list in reverse chronological order of receipt)

Degree, Certificate or License	Institution	Discipline	Date Granted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Period Covered by this Evaluation: _____

(i.e., period since most recent formal evaluation—RTP or post-tenure)

FACULTY MEMBER'S SIGNATURE: _____

DATE: _____

**REPORT OF TEACHING AND RELATED DUTIES,
PROFESSIONAL ACTIVITIES AND SERVICE TO THE
UNIVERSITY AND COMMUNITY**

In sections 1 through 5, *please include information for the period covered by this evaluation only.*

1. Course Assignments _____ Academic Year(s)

2. **Assigned Related Duties:**

Please list assignments and duties not directly connected with teaching; eg., committee assignments, student activity involvement, and university service contributions. Please do not list such items as office hours, class preparation, or grading papers and examinations.

FACULTY MEMBER'S SIGNATURE: _____ DATE: _____

3. **Professional Activities:**

Please list, for example, offices held in professional organizations, conferences attended, papers you presented, consulting activities, research efforts, editorial activities for professional journals, scholarly work in progress, achievements, recognitions, awards and honors. Include any activities which contributed to your professional growth.

4. **Service to the Community:**

Please list only those activities related to your professional career.

5. **Other Noteworthy Activities:**

FACULTY MEMBER'S SIGNATURE: _____

DATE: _____

SELF-EVALUATION OF PERFORMANCE

Please address each of the items identified in your department's approved criteria, being as specific as possible. Indicate how you have met or exceeded each criterion. Attach additional pages (suggested limit 5 pages), numbering each in order 6a, 6b, etc. Rather than attaching copies of pertinent documents, you may append an index of these items with the understanding that you will make them available to evaluators upon request. Do include copies of computer printouts of results of student evaluations of teaching and originals of peer evaluation reports. These documents are in addition to the suggested 5-page limit.

FACULTY MEMBER'S SIGNATURE: _____

DATE: _____

Current Academic Rank _____

DEPARTMENT PERIODIC REVIEW COMMITTEE RECOMMENDATION

STATEMENT:

"The members of the Department Periodic Review Committee, whose signatures and academic ranks appear below, have completed the evaluation process. The committee based the evaluation of the candidate's performance on the approved Department document/policy. Criteria for evaluation not included in this document/policy have not been utilized."

PRINTED NAME/SIGNATURE
(Periodic Review Committee Chair)

ACADEMIC RANK

DATE

Members of the Periodic Review Committee who do not agree with the recommendation of the majority may submit their comments on additional pages following this one. These pages should be numbered consecutively 7a, 7b, 7c, etc.

FACULTY MEMBER'S SIGNATURE: _____

DATE: _____

DEPARTMENT PERIODIC REVIEW COMMITTEE EVALUATION OF PERFORMANCE

This peer evaluation is to be specific, honest and clear in identifying the faculty member's strengths and weaknesses. Reference should be made to specific department criteria (by number, if possible). This evaluation must include interpretations of the faculty member's student evaluations (Please see Appendix 10 of the University Manual). Specific recommendations for improvement should be addressed. The acceptability of what the faculty member has proposed for personal professional growth activities in the next evaluation period are appropriate elements of the evaluation. It is expected that additional pages will be necessary; they should be numbered as 8a, 8b, 8c, etc. The faculty member will acknowledge receipt of this evaluation by signing each page.

FACULTY MEMBER'S SIGNATURE: _____

DATE: _____

**ACKNOWLEDGMENT OF DEPARTMENT PERIODIC REVIEW COMMITTEE'S
EVALUATION**

STATEMENT:

"I have seen each page of the Review Committee's evaluation and

_____ acknowledge it."

_____ respond to it (including the response on the following
pages _____ through _____)."

I have read and received a copy of this evaluation and understand that it will be placed in my Personnel Action File. I understand that I have ten (10) calendar days from the date below to submit a response or rebuttal statement to the Department Review Committee.

FACULTY MEMBER'S SIGNATURE: _____ **DATE:** _____

DEAN'S/DIRECTOR'S EVALUATION
OF PERFORMANCE

DEAN'S SIGNATURE: _____ DATE: _____

FACULTY MEMBER'S SIGNATURE: _____ DATE: _____

ACKNOWLEDGEMENT OF THE DEAN'S/DIRECTOR'S EVALUATION

STATEMENT:

"I have seen each page of the Dean's/Director's evaluation and

_____ acknowledge it."

_____ respond to it (including the response on the following pages _____ through _____)."

I have read and received a copy of this evaluation and understand that it will be placed in my Personnel Action File. I understand that I have ten (10) calendar days from the date below to submit a response or rebuttal statement to the Dean/Director.

FACULTY MEMBER'S SIGNATURE: _____

DATE: _____