

SLA FACULTY ANNUAL REVIEW FORM

(See SLA Faculty Annual Review Guidelines)

Faculty Name: _____ Faculty Rank: _____

Department: _____ Date Submitted: _____

Probationary: Yes __ No __

(If yes, complete separate reappointment recommendation: 2nd-year reappointments in ensuing fall semester, all other reappointments at time of annual review.)

CHECKLIST (*Chairs check all that apply, and indicate NA for those that do not apply.*)

- _____ The faculty member's ANNUAL REPORT and CV was filed prior to the annual review.
- _____ The department's primary or annual review committee has been properly constituted in accord with IUPUI, SLA, and departmental procedures.
- _____ To avoid any possible conflict of interest, the review of the faculty member has been conducted without the participation of a spouse or a person with an intimate personal or a substantial financial relationship.
- _____ Recognizing mentoring as an important aspect of the faculty annual review, the chair (or designated department mentor) has met with the faculty member during the past year to discuss accomplishments, concerns, and goals.
- _____ Consideration of promotion, if appropriate, has been made and the candidate has been advised about the desirability of preparing a dossier for review in the fall.
- _____ The chair's brief, written assessment of the faculty member's teaching, research, and service is attached to this document, as are any other assessments of the faculty member (e.g., by the department's primary committee). The review addresses the quality of work in each area as well as the quantity. Assessment addresses expectations given in SLA Faculty Work Document.
- _____ For tenure-line faculty, the chair includes a recommendation for a course release for research/creative activity based on on-going peer-reviewed scholarly activity, or includes a statement explaining why a recommendation is not given.
- _____ For tenure-line faculty who support a PhD program in the school, the chair includes a recommendation for a course release for activity that directly supports the PhD program, noting the number of advisees, any grant activity that supports students in the program, and other intensive work that directly impacts the success of the program.
- _____ In the event of an unfavorable review for a probationary faculty member, the faculty member has been given an opportunity (at least two weeks) to respond to the review before this document and its required attachments were forwarded to the Dean.
- _____ For faculty with Joint Appointments, a letter of evaluation has been solicited from the Chair/Director of the secondary unit. Other terms of the relevant MOU for the appointment have also been met.
- _____ If the faculty member is probationary, s/he has been provided with written departmental, SLA, and IUPUI policies and procedures regarding annual review, including the role of the department's primary or annual review committee.
- _____ If appropriate, a plan has been established to make up any courses if the faculty member has not taught the expected number of courses/credits – as defined by their appointment letter or an MOU with the Dean's Office or based on a grant award approved by the Dean's Office.

PROBATIONARY FACULTY (*Skip if faculty member is not probationary.*)

If the subject of this review is a probationary faculty member, the chair of the faculty member's department should enter the appropriate information below. Probationary faculty members include all non-tenured faculty who are on one-year appointments (e.g., lecturers, clinical faculty) as well as all untenured tenure-line faculty.

I recommend that the above named faculty member be reappointed: _____
I recommend that the above named faculty member not be reappointed: _____
Date of Primary Committee Review: _____
Date of Chair's Review: _____
Date of School Committee Review (when applicable): _____

ANNUAL REVIEW SUMMARY

Summary of the Evaluation of: _____

Teaching _____	Weight: _____	Score: _____
Research _____	Weight: _____	Score: _____
Service _____	Weight: _____	Score: _____
Weighted Average:		<input type="text"/>

CHAIRS COMMENTS:

The Annual Review should establish professional development as a goal; should ideally include peer evaluation; should recognize situational differences, contributions to different missions of the Department or School, and the diverse nature of the faculty; should preserve academic freedom; and should protect due process. In this context, the chair should provide brief written comments in the space below on:

- *The faculty member's performance for the previous year. Comments should note progress and significant accomplishments, as well as any areas of weakness that are of concern, in each area of their expected work (teaching, research/creative activity, service).*
 - Evaluation should be in keeping with expectations outlined in SLA Faculty Work Document.
- *Basis for recommendation for course release for research (if warranted).*
- *Basis for recommendation for course release for PhD program support (if warranted).*
- *If appropriate, a plan has been established to make up courses if faculty member has not taught the expected number of courses/credits – as defined by their appointment letter or an MOU with the Dean's Office, or based on a grant award approved by the Dean's Office. (Note # of courses.)*
- *Whether the overall annual performance has been satisfactory or unsatisfactory (in accord with the campus and school policies on Faculty Review and Enhancement).*

Check One:

____ Overall Satisfactory Performance or better. OR
____ Overall Unsatisfactory Performance:

____ 1st-year: Describe expectations for efforts that will show progress toward improvement
____ 2nd-year (enhancement review required): Inform Associate Dean for Faculty Affairs

[Chair comments here.]

Course-Load Recommendations (check all that apply):

- Course release for active research agenda (for tenure-track faculty)
- Course release for PhD program support (for tenure-track faculty in school PhD program)
- Course reallocation request (attach course reallocation request following guidelines in SLA Faculty Work Document – “Redistribution of Academic Effort”)

Teaching load for the next *academic* year:

- Fall, Spring (Summer, for 12-month appointments only)
 - Note whether any of these are courses being made up from previous year(s) because of cancellation, etc., and how many:
 # Courses carried over from previous year.

FACULTY MEMBER’S PROJECTED ACTIVITIES

On an attached page, the faculty member should briefly indicate her/his projected activities for the next calendar year in the areas of teaching, research, and service, based on discussion with and approval of the chair.

DEPARTMENT COMMITTEE AND/OR JOINT APPOINTMENT UNIT REVIEW

(check as applicable)

- Committee review completed and attached, OR No committee review conducted
- Joint appointment unit review completed and attached (‘NA’ if not applicable)

Signature: Faculty Member*

Date

Refused

*This is the Faculty Member’s acknowledgment of having received this evaluation and discussed it with the Department Chair, but not necessarily of agreement with the evaluation. Faculty who wish may submit objections (and documentation) to the Department Chair and the Dean. The Faculty Member may refuse to sign this evaluation, which should be noted by the Department Chair.

Signature: Department Chair

Date

Signature: Dean

Date