

FACULTY FIVE-YEAR REVIEW

To Be Completed by Department Chair/Unit Head

Faculty Name: _____ **Date:** _____

College: _____ **Department/Unit:** _____

FACULTY APPOINTMENT INFORMATION:

Prior Five-Year Review?

- ☐ No
☐ Yes (when?) _____

Date of Hire: _____

Academic Contract:

- | | |
|---------------------------------------|---|
| Full-time: | Part-time: |
| <input type="checkbox"/> 9-month | <input type="checkbox"/> ≥ 0.5 FTE |
| <input type="checkbox"/> 10, 11-month | <input type="checkbox"/> < 0.5 FTE |
| <input type="checkbox"/> 12-month | |

Tenure Status:

- ☐ Tenured ☐ Tenure-Track ☐ Non-Tenure Track

Rank (check one):

- ☐ Instructor
☐ Lecturer
☐ Assistant Professor
☐ Associate Professor
☐ Professor

Appointment Category (check one):

- ☐ Academic (Professorial)
☐ Professional-Technical
☐ Clinical
☐ Research
☐ Adjunct (part-time)

Please indicate the information used to complete this Five-Year Review:

- ☐ Annual evaluations for the following years: _____
- ☐ Promotion and/or tenure reports for the following years: _____
- ☐ Examination of Portfolio submitted by faculty member for this review
- ☐ Formal input from colleagues
- ☐ Formal input from students
- ☐ Input from the faculty member's peers outside the University
- ☐ Faculty member's self-assessments of teaching, scholarly activities, and service
- ☐ Certification/Re-certification activities (Technology faculty): _____
- ☐ Other: _____
- ☐ Other: _____

Please summarize your evaluation of the faculty member's assigned responsibilities:

For each of the following relevant areas of faculty workload:

1. Describe the faculty member's major activities and responsibilities
2. Indicate the indices used to evaluate each area
3. Summarize collegial and student input

Teaching

Research, Scholarship, Creative Work

Professional-Related & University Service

Assigned Clinical Practice (if applicable)

Assigned Administrative Activities (if applicable)

Other Responsibilities:

Indicate your overall assessment of the effectiveness of this faculty member

Summarize faculty member's major strengths and areas of excellence

Summarize any weaknesses noted or areas for future professional development

Summary of Five-Year Review:

- ☐ Satisfactory performance
- ☐ Marginal performance
- ☐ Unsatisfactory performance

Recommendation:

- ☐ Continued employment – no further action
- ☐ Continued employment with remediation
 - See attached remediation plan
 - Further review _____ (date)
- ☐ Terminal contract issued

Please indicate any specific recommendations for reward or remediation/professional development for this faculty member:

Signature of Department Chairperson

Date

Please indicate the relevant supporting documentation submitted with this review:

- ☐ Current *CV* or *Resume*
- ☐ Review committee recommendations
- ☐ Annual evaluations
- ☐ Summary of teaching evaluations
- ☐ Job description – Technology faculty
- ☐ Other: _____

FACULTY STATEMENT

- ☐ I have read this Five-Year Review by the chairperson of my department/
unit, and I understand that I have five (5) working days in which to respond to it in writing.
- ☐ I will **not** be responding to this evaluation. ☐ I **will** be responding to this evaluation.

Signature of Faculty Member

Date

Five-Year Review for: _____
Name of Faculty Member Year

RECOMMENDATION OF THE DEAN

- ☐ I concur with the Five-Year Review evaluation and recommendation(s) submitted by the chairperson and/or review committee for this faculty member.
- ☐ I do not concur with the Five-Year Review evaluation and/or recommendation (s) submitted by the chairperson and/or review committee for this faculty member.

Remarks:

Signature of the Dean Date

FACULTY STATEMENT

- ☐ I have read this Five-Year Review by the Dean, and I understand I have five (5) working days in which to respond to it in writing.
- ☐ I will **not** be responding to this evaluation. ☐ I **will** be responding to this evaluation.

Signature of Faculty Member Date