# COLLEGE OF SOCIAL SCIENCES

# Off-Year Periodic Review of Probationary Faculty

## TEACHING EFFECTIVENESS

### Scholarship of Teaching

Department Standards and Expectations

Student Ratings:

*Cut and paste the expected standard from approved probationary plan (e.g. The department will conduct student evaluations in all courses taught by Dr. X and it is expected that the overall scores will be at or above the college-wide standard for student evaluations during the probationary period. The minimum college-wide standard is an overall score of at least 4.0 on a 5 point scale, or at least 5.6 on a 7 point scale. This is the standard of measure determined to be satisfactory by the faculty members of the Forestry Department.*

**Example** (List in Reverse Chronological Order (Most recent year first)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Semester and Year Taught** | **Course** | **Prob. Plan**  **Standard** | **Faculty Mean** | **Number**  **of Students in course** | **Number**  **of Respondents** |
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Peer Evaluations:

*Cut and paste expected standard from approved probationary plan.*

**Example**:

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| **Semester and Year Taught** | **Course** | **Name of Evaluator** | **Date of**  **Evaluation** |
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Student Advising:

*Cut and paste expected standard from approved probationary plan.*

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| --- | --- | --- | --- | --- | --- |
| **Semester and Year** | **# of**  **Undergrad**  **Advisees** | **If Applicable**  **# Graduate**  **Advisees** | **Total # Visits** | **If Applicable**  **# Project/ Thesis Chair or Member** | **Is Log**  **Up-to-Date?** |
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Non-Instructional Assignments:

*Insert expectations or cut and paste them from approved probationary plan.*

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| --- | --- | --- |
| **Semester and Year** | **Brief Description of Assignment**  **(e.g., research, program review, curriculum development)** | **Assigned Time/ WTUs Allocated** |
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# PROFESSIONAL GROWTH, SCHOLARLY, AND CREATIVE ACTIVITIES

## The Scholarship of Discovery

Department Standards and Expectations

**Publications**

*Cut and paste expected standard from approved probationary plan.*

Refereed Professional Scholarly Journals/Books

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  **Published or Status** | **Author/s** | **If Joint**  **Publication,**  **is Candidate**  **First Author?** | **Journal/Book Name, Volume,**  **Page #s**  **(if applicable)** | **Title** |
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Recognized Scholarly Journals or Books

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| --- | --- | --- | --- | --- |
| **Date**  **Published or Status** | **Author/s** | **If Joint**  **Publication,**  **is Candidate**  **First Author?** | **Journal /Book Name, Volume,**  **Page #s**  **(if applicable)** | **Title** |
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Work in Progress

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| --- | --- | --- | --- | --- |
| **Expected Date of Submission** | Author/s | **If Joint**  **Publication,**  **is Candidate**  **First Author?** | **Journal/Book Name, Volume,**  **Page #s**  **(if applicable)** | **Title** |
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Other Creative or Scholarly Work as Specified in Probationary Plan

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| --- | --- | --- | --- |
| **Date** | **Type of Scholarly/**  **Creative Work** | **Author/s** | **Description** |
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**Professional Presentations**

*Cut and paste expected standard from approved probationary plan.*

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| --- | --- | --- | --- |
| **Presentation**  **Date** | **Presenter/s** | **International, National, or State** | **Title** |
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**Grant Writing**

*Cut and paste expected standard from approved probationary plan.*

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| --- | --- | --- | --- | --- | --- | --- |
| **Grant Title** | **Funding**  **Agency** | **University or College Center Affiliation** | **Role of Faculty**  **(P.I., wrote, implemented)** | **Amount**  **Requested** | **Private, State or National** | **Proposal Funded?** |
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**Professional Awards**

*Cut and paste expected standard from approved probationary plan.*

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| --- | --- | --- | --- |
| **Date Awarded** | **Award Name** | **Awarding Agency** | **International, National, State or Local** |
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## The Scholarship of Application and Integration

Department Standards and Expectations

**Collaboration**

*Cut and paste expected standard from approved probationary plan.*

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| --- | --- | --- | --- |
| **Dates of Involvement or Commitment** | **Name of Project, Program, Course, Consultation, Assistance, or Work Performed** | **Collaborating Agency, Organization, Department, College/School, or University Unit** | **Responsibilities** |
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**New Courses/Revised Courses/Curriculum Development**

*Cut and paste expected standard from approved probationary plan.*

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| --- | --- | --- | --- |
| **Date Proposed** | **Subject & Number**  **of Course Designed** | **Date Approved** | **Semester taught** |
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**Integration of Professional Experience (s) Into The Curriculum:**

*Cut and paste expected standard from approved probationary plan.*

|  |  |  |
| --- | --- | --- |
| **Date of Experience/Research** | **Description** | **Integrated into Course Requirements** |
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# PROFESSIONAL DEVELOPMENT

**Professional Affiliations**

*Cut and paste expected standard from approved probationary plan.*

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| --- | --- | --- |
| **Professional Affiliation** | **Dates of Membership** |  |
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**Professional Growth**

*Cut and paste expected standard from approved probationary plan.*

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| --- | --- |
| **Date Attended** | **Description of Professional Development Activity (Meeting, Seminars, Workshops, Conferences etc)** |
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# UNIVERSITY AND COMMUNITY SERVICE

**Faculty Committees**

*Cut and paste expected standard from approved probationary plan.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Year/s and Semester/s Served on Committee** | **Level**  **(Dept, College or University)** | **Name of Committee** | **Responsibilities/Position** |
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**Community Service**

*Cut and paste expected standard from approved probationary plan.*

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| --- | --- | --- | --- |
| **Date (s) of Service** | **Name of Community Committee, Project, or Organization** |  | **Responsibilities** |
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**Collegial and Collaborative Relations**

*Cut and paste expected standard from approved probationary plan.*

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| **Description of Collaborative Project/Collegial Practice** |
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**PERIODIC REVIEW-PROBATIONARY FACULTY**

**COLLEGE/ SCHOOL OF Social Sciences**

**Probationary Faculty**

**Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Probationary Year: \_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brief Assessment of Progress:**

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**Peer Review Committee Signatures: Type or Print**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

**\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

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**PERIODIC REVIEW-PROBATIONARY FACULTY**

**COLLEGE/ SCHOOL OF Social Sciences**

**Department Chair’s Review**

**Probationary Faculty**

**Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Probationary Year: \_\_\_\_ \_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_**

**Brief Assessment of Progress:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department Chair’s Signature**

**\_\_\_\_\_\_\_\_\_\_**

**Name Signature Date**

**APPLICANT’S ACKNOWLEDGEMENT:**

I have received a copy of this form and the attached written recommendation of the department peer review committee and, if the department chair made a separate recommendation, a copy of the department chair’s written recommendation as well.

I realize that signing this form does not necessarily mean that I agree with the recommendation of the department peer review committee and/or the department chair.

I have had an opportunity to review the recommendations, and I am aware that I may submit a response or rebuttal statement to the chair and the department peer review committee. I realize that I have ten days to respond before my RTP file moves to the next level of review and that, if I respond within that time period, my response or rebuttal will be incorporated into my Off-year Review file. I understand that I may still submit a response or rebuttal after the ten days have expired, but that the college/school peer review committee and/or dean may begin reviewing my file before the response or rebuttal is incorporated into my Off-year Review file.

Applicant’s Signature Date

**PERIODIC REVIEW-PROBATIONARY FACULTY**

**COLLEGE/ SCHOOL OF Social Sciences**

**College Personnel Committee**

**Probationary Faculty**

**Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Probationary Year: \_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brief Assessment of Progress:**

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**College Personnel Committee Signatures: Type or Print**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature Date

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Signature Date

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Signature Date

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Signature Date

**PERIODIC REVIEW-PROBATIONARY FACULTY**

**COLLEGE/ SCHOOL OF Social Sciences**

**Dean’s Review**

**Probationary Faculty**

**Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Probationary Year: \_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Brief Assessment of Progress:**

**Dean’s Signature**

**Name Signature Date**

**APPLICANT’S ACKNOWLEDGEMENT:**

I have received a copy of this form and the attached written recommendations of the College Personnel Committee and the Dean.

I realize that signing this form does not necessarily mean that I agree with the recommendations of the College Personnel Committee and the Dean.

I have had an opportunity to review the recommendations, and I am aware that I may submit a response or rebuttal statement to the College Personnel Committee and the Dean. I realize that I have ten days to respond before my RTP placed in my Open Personnel File and that, if I respond within that time period, my response or rebuttal will be incorporated into my Off-year Review file. I understand that I may still submit a response or rebuttal after the ten days have expired, but that the college/school peer review committee and/or dean may begin reviewing my file before the response or rebuttal is incorporated into the Off-year Review file.

Applicant’s Signature D