

**Post Tenure (Non-promotion)**

**Comprehensive Review**

**Faculty Information**

**Instructions and Example**

Evaluation Scale (Round to the nearest 10th)

|  |  |  |
| --- | --- | --- |
| Evaluation Level | Score |  |
| V. | 4.6-5.0 | Excellent |
| IV. | 3.6-4.5 | Exceeds Expectations |
| III. | 2.6-3.5 | Meets Expectations |
| II. | 1.6-2.5 | Needs Improvement |
| I. | 1.0-1.5 | Unsatisfactory |

**Evaluation Instructions**

Step 1: Indicate workload distribution for instruction, professional activity and service.

Step 2: Based on percent of workload, indicate a single score for instruction, a single score for professional activity, and a single score for service.

Step 3: Calculate the Overall Evaluation: The average, weighted in accordance with workload, of evaluation levels in all applicable performance areas.

*For example, a faculty with a workload of 0.6 instruction, 0.2 professional activity, and 0.2 service, who received a score of 4 for instruction, 3 for professional activity and a score of 1 for service would have an overall score of 3.2 (0.6x4) +(0.2x3) + (0.2x1) = 3.2 which falls in the range of III Meets Expectations.*

Step 4: Based on chart above, indicate evaluation level (I, II, III, IV, V)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Example** | | | Service | |  |
|  | Instruction | Professional Activity | Chair Responsibilities | Non-Chair Responsibilities | Overall Evaluation |
| Workload Distribution % | 0.6 | 0.2 |  | 0.2 |  |
| Score | 4.0 | 3.0 |  | 1.0 |  |
| Weighted Score | 2.4 | 0.6 |  | 0.2 | 3.2 |
| Evaluation Level  (I, II, III, IV, V) |  |  |  |  | **III** |

University Regs: 3-3-801(1)(d): The result of a post-tenure review is either satisfactory or unsatisfactory. A faculty member’s post-tenure review is satisfactory if he/she receives an overall evaluation of level III or higher with a level III or higher evaluation in teaching. In this example, the faculty member received a 4.0 (level IV) in teaching and a level III for an overall evaluation: a satisfactory outcome.

|  |
| --- |
| Name: |
| College: |
| Department/School/Program: |
| Current Rank:  Assistant Professor  Associate Professor  Full Professor |
| Date tenured position at UNC: |
| Date of last promotion: |
| Review Period:       to  (year) (year) |

Please consult BPM: 2-3-801(3) <http://www.unco.edu/trustees/policy_manual.pdf> and University Regs:3-3-801 <http://www.unco.edu/trustees/University_Regulations.pdf>

**Part I: Evaluation by Faculty**

Number of tenure/tenure-track faculty assigning a score:

In accordance with approved school/department/program procedures for comprehensive evaluation of the unit’s faculty, the following method was used for scoring:

mean  median  mode/vote

If evaluating a Chair/Program Coordinator, evaluate both Chair and Non-Chair service:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | Service | |  |
|  | Instruction | Professional Activity | Chair Responsibilities | Non-Chair Responsibilities | Overall Evaluation |
| Workload Distribution % |  |  |  |  |  |
| Score |  |  |  |  |  |
| Weighted Score |  |  |  |  |  |
| Evaluation Level  (I, II, III, IV, V) |  |  |  |  |  |

Result of Evaluation Based on Scores Satisfactory Unsatisfactory

Attach a memo explaining the reasons, in terms of the approved program area criteria, for the scores.

Signature (on behalf of the faculty): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Evaluatee notified of decision by:

Email (Date): \_\_\_\_\_\_ Campus Mail (Date): \_\_\_\_\_\_

(If evaluatee is Chair, Director, or Program Coordinator, after completing Part I, send form and materials to Dean.)

**Part II: Evaluation by Chair, Director, or Program Coordinator**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Instruction | Professional Activity | Service | Overall Evaluation |
| Workload Distribution % |  |  |  |  |
| Score |  |  |  |  |
| Weighted Score |  |  |  |  |
| Evaluation Level  (I, II, III, IV, V) |  |  |  |  |

Result of Evaluation Based on Scores Satisfactory Unsatisfactory

Attach a memo explaining the reasons, in terms of the approved program area criteria, for the scores.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Evaluatee and faculty notified of decision by:

Email (Date): \_\_\_\_\_\_ Campus Mail (Date): \_\_\_\_\_\_

**Part III: Dean Review**

The Dean reviews the evaluations of the program area faculty and the chair/director/coordinator to verify that the scores assigned, and the reasons given, are consistent with the approved program area criteria and procedures. If the Dean finds that the evaluation is not consistent with approved program area criteria or process, he or she communicates that finding, in writing, with reasons, to the program area faculty, the chair/director/coordinator and the evaluatee. In case of such disagreement, the dean will indicate what scores he/she believes were warranted by the program area’s criteria.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | Service | |  |
|  | Instruction | Professional Activity | Chair Responsibilities | Non-Chair Responsibilities | Overall Evaluation |
| Workload Distribution % |  |  |  |  |  |
| Score |  |  |  |  |  |
| Weighted Score |  |  |  |  |  |
| Evaluation Level  (I, II, III, IV, V) |  |  |  |  |  |

Result of Evaluation Based on Scores Satisfactory Unsatisfactory

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Evaluatee, faculty, and Chair/Director/ Program Coordinator notified of decision by:

Email (Date): \_\_\_\_\_\_ Campus Mail (Date): \_\_\_\_\_\_

**Part IV: CAO Review**

The CAO reviews the evaluations of the program area faculty, the chair/director/coordinator, along with the dean’s findings and determines whether or not the evaluations are consistent with the approved criteria and procedures. If the CAO disagrees with the scores assigned by the faculty and/or chair/director/coordinator, he or she must determine what scores were warranted by the program area’s criteria.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | | Service | |  |
|  | Instruction | Professional Activity | Chair Responsibilities | Non-Chair Responsibilities | Overall Evaluation |
| Workload Distribution % |  |  |  |  |  |
| Score |  |  |  |  |  |
| Weighted Score |  |  |  |  |  |
| Evaluation Level  (I, II, III, IV, V) |  |  |  |  |  |

Result of Evaluation Based on Scores Satisfactory Unsatisfactory

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Evaluatee, faculty, Chair/Director/ Program Coordinator and Dean notified of decision by:

Email (Date): \_\_\_\_\_\_ Campus Mail (Date): \_\_\_\_\_\_

**For Provost Office Use:**

President Notification  BOT Notification