

**APPENDIX G
 COLORADO STATE UNIVERSITY - PUEBLO
 CUMULATIVE PERFORMANCE REVIEW**

CANDIDATE: _____

DEPARTMENT: _____

Current Academic Rank: _____

Tenured: Yes No

If not tenured, your current probationary year: 1 2 3 4 5 6 (Circle year)

Period covered by this evaluation: _____

Standards used for this evaluation: _____

Action requested by candidate: (Check as many as applicable)

Tenure Early Tenure

Promotion Early Promotion

RECOMMENDATION SUMMARY						
	TENURE		PROMOTION		POST TENURE REVIEW	
	Yes	No	Yes	No	Meets Standards	Needs Development
Department Chair						
CPR Committee						
Dean/Director						
Provost						
President						

CUMULATIVE PERFORMANCE REVIEW TRACKING SHEET

CHAIR

DATE OR N/A

Package received by Chair

Consultation with faculty

Candidate notified

ACADEMIC UNIT CPR COMMITTEE

Package received by CPR

Candidate notified

DEAN/DIRECTOR

Package received by Dean/Director

Dean's/Director's recommendation

Candidate notified

Candidate requested reconsideration

Candidate appealed Dean's/Director's
recommendation to Provost

PROVOST

Package received in Provost's office

PRESIDENT

Package received in President's office

CANDIDATE'S REQUEST FOR CUMULATIVE PERFORMANCE REVIEW

CANDIDATE: _____

DEPARTMENT: _____

Current Academic Rank: _____

Tenured: Yes No

If not tenured, your current probationary year: 1 2 3 4 5 6 (Circle year)

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

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

Standards used for this evaluation: _____

Period covered by this evaluation: _____

Please check and initial specific action(s) requested in this evaluation:

1. Tenure Review
2. Early Tenure Review
3. Promotion to _____
(Academic Rank)
4. Early Promotion to _____
(Academic Rank)

SIGNATURE OF CANDIDATE: _____ **DATE:** _____

Candidate: _____ Department: _____

Current Academic Rank: _____

**CANDIDATE'S 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. Teaching

a. Course Assignments Academic Year(s)

b. Summary of Student Evaluations of Teaching

c. Summary of Peer Review of Teaching

2. Professional Activities:

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

SIGNATURE OF CANDIDATE: _____ **DATE:** _____

Candidate: _____ **Department:** _____

Current Academic Rank: _____

3. 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.

4. Service to the Community:

Please list only those activities related to your professional career.

5. Other Noteworthy Activities:

SIGNATURE OF CANDIDATE: _____ **DATE:** _____

Candidate: _____ Department: _____

Current Academic Rank: _____

1. Librarianship

Area(s) of responsibility

2. Assigned related duties

Please list assignments and duties not directly connected with library duties, eg. committee assignments, student activities or advising, and university service contributions.

SIGNATURE OF CANDIDATE: _____ **DATE:** _____

Candidate: _____ **Department:** _____

Current Academic Rank: _____

CANDIDATE'S SELF EVALUATION OF PERFORMANCE

Please address each of the items identified in your academic unit's standards for the requested action, being as specific as possible. Indicate how you have met or exceeded each standard, including a self-evaluation of teaching. Attach additional pages (suggested limit 5 pages), numbering each in order 6a, 6b, etc. Rather than attaching copies of pertinent documents, please append an index of these items with the understanding that you will make them available to evaluators upon request.

SIGNATURE OF CANDIDATE: _____ **DATE:** _____

Candidate: _____ Department: _____

Current Academic Rank: _____

DEPARTMENT CHAIR'S RECOMMENDATION

STATEMENT:

"As the Chair of the candidate's department, I recommend that the action(s) checked below be taken. This recommendation is based upon my review of the candidate's performance with reference to the approved department CPR document. Criteria for evaluation not included in this document have not been utilized. If this recommendation is not in agreement with that of the CPR Committee, I have specifically justified my differing recommendation."

RECOMMENDED ACTION(S):

1. _____ Tenure Granted
2. _____ Early Tenure Granted
3. _____ Promotion to _____
(Academic Rank)
4. _____ Early Promotion to _____
(Academic Rank)
5. _____ Reappointment with Terminal Year
6. _____ Deny Promotion
7. _____ Deny Early Promotion
8. _____ Deny Early Tenure

PRINTED NAME/SIGNATURE

ACADEMIC RANK

DATE

/_____
Department Chair

SIGNATURE OF CANDIDATE: _____ **DATE:** _____

Candidate: _____ **Department:** _____

Current Academic Rank: _____

DEPARTMENT CHAIR'S EVALUATION

(Must reference consultation with faculty)

SIGNATURE OF CANDIDATE: _____ **DATE:** _____

Candidate: _____ Department: _____

Current Academic Rank: _____

ACADEMIC UNIT CPR COMMITTEE RECOMMENDATION

STATEMENT:

"The members of the CPR Committee, whose signatures and academic ranks appear below, recommend as a body that the actions(s) checked below be taken. This recommendation is based upon our review of the candidate's performance with reference to the approved academic unit standards for Promotion and Tenure. Criteria for evaluation not included in this document have not been utilized."

RECOMMENDED ACTIONS(S):

1. _____ Tenure Granted
2. _____ Early Tenure Granted
3. _____ Promotion to _____
(Academic Rank)
4. _____ Early Promotion to _____
(Academic Rank)
5. _____ Reappointment with Terminal Year
6. _____ Deny Promotion
7. _____ Deny Early Promotion
8. _____ Deny Early Tenure

PRINTED NAME/SIGNATURE	ACADEMIC RANK	DATE
_____ CPR Chair	_____	_____
_____ /	_____	_____
_____ /	_____	_____
_____ /	_____	_____
_____ /	_____	_____
_____ /	_____	_____
_____ /	_____	_____

Members of the CPR Committee who do not agree with the Committee's recommendation may submit their comments on additional pages following this one.

SIGNATURE OF CANDIDATE: _____ **DATE:** _____

Candidate: _____ Department: _____

Current Academic Rank: _____

**ACADEMIC UNIT CPR COMMITTEE EVALUATION OF
CANDIDATE'S PERFORMANCE**

The CPR is in the most immediate position for peer evaluation of the performance of the candidate relative to the department's approved document. This evaluation is to be specific, honest and clear in identifying the candidate's strengths and weaknesses. Reference needs to be made to specific academic unit standards. This evaluation must include interpretations of the candidate's student evaluations. Specific recommendations for improvement should be addressed. The acceptability of what the candidate has proposed for personal professional growth activities in the next evaluation period are appropriate elements of the CPR evaluation. The candidate will acknowledge receipt of this evaluation by signing each page.

SIGNATURE OF CANDIDATE: _____ DATE: _____

Candidate: _____ **Department:** _____

Current Academic Rank: _____

DEANS'S/DIRECTOR'S RECOMMENDATION

STATEMENT:

"I, _____, Dean/Director of _____ recommend that the action(s) checked below be taken. This recommendation is based upon my review of the candidate's performance with reference to the approved department CPR document. Criteria for evaluation not included in this document have not been utilized. If this recommendation is not in agreement with either that of the CPR Committee, or Department Chair, I have specifically justified my differing recommendation."

RECOMMENDED ACTIONS(S):

1. _____ Tenure Granted
2. _____ Early Tenure Granted
3. _____ Promotion to _____
(Academic Rank)
4. _____ Early Promotion to _____
(Academic Rank)
5. _____ Reappointment with Terminal Year
6. _____ Deny Promotion
7. _____ Deny Early Promotion
8. _____ Deny Early Tenure

Dean/Director

Date

SIGNATURE OF CANDIDATE: _____ **DATE:** _____

Candidate: _____ Department: _____

Current Academic Rank: _____

DEAN'S/DIRECTOR'S EVALUATION
OF CANDIDATE'S PERFORMANCE

SIGNATURE OF CANDIDATE: _____ DATE: _____