

CLAS Form for Annual Review of Instructional Faculty

Classroom observations are required for the first six years and every subsequent reappointment review thereafter.

Faculty Member:	
Reviewer (printed)	Department
Reviewer Signature:	Date
Faculty signature (not required if signed in workflow):	Date

The Reviewer places a check mark in the appropriate box to indicate their evaluation of the faculty member's performance based on the submitted CV in teaching, in professional productivity, and in service, with regard to the approved departmental standards for instructional faculty review or the collegiate instructional faculty policy.

Area of Faculty Effort	Does not meet standards	Meets or exceeds standards
Teaching		
Professional Productivity		
Service		

No CV submitted

Summary Comments: The Reviewer **must** give a short and specific justification for the performance rating. Please attach a classroom observation and faculty member's response to this review, if applicable, as addenda to this review form.

Teaching:

Professional Productivity:

Service: