## Multi-term Evaluation for Lecturers, Professors of the Practice, and Teaching Professors: Unit Review (Department/program or School without departments)

### Identification of faculty member

|  |  |  |
| --- | --- | --- |
|  |  |  |
| ***Last Name*** |  | ***First Name*** |

To be completed by unit with direct supervisory responsibility for the faculty member (i.e., department, unit, or school as appropriate). Add supplemental pages as needed.

For professors of the practice and Teaching Professors, is this comprehensive review being conducted for promotion?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Yes** |  | **No** |  |  | If yes, |  | Assistant to Associate |  | Associate to Full |

**Summary of annual evaluations since last multi-term appointment**

|  |
| --- |
|  |

**Assessment of Effectiveness of Teaching**

Please assess whether the evidence provided by the faculty member documenting their teaching effectiveness merits reappointment and, if applicable, promotion, based on unit criteria. The assessment must refer to multiple sources of information and include information from the student survey of teaching and peer evaluations. If you choose, you may organize your assessment following the department guide for evaluating teaching provided by the Center for Teaching Excellence's [Benchmarks for Teaching Effectiveness project](https://cte.ku.edu/benchmarks-teaching-effectiveness-project).

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**Scholarly engagement, service, administrative duties   
as appropriate to job title/description**

Please assess if the faculty member’s scholarly engagement, service, and administrative duties, based upon their assigned job duties, merit reappointment and, as applicable, promotion, based on unit criteria.

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**Unit Evaluation Summary**

|  |  |
| --- | --- |
| **Number of Committee Members:** |  |

**Overall Rating** (Distribution of Vote)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
| **Excellent** |  | **Very Good** |  | **Good** |  | **Marginal** |  | **Poor** |

|  |
| --- |
| **Recommendation on Reappointment** |
| Faculty member demonstrates potential for future contract appointments |
| Faculty member record is not sufficient for continued contract appointments |
| **Recommendation for promotion, as applicable** |
| Yes |
| No |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Committee Chair |  | Date |
|  |
| Please Print Name |

**Department Chair/Director Evaluation or Dean in School without departments**

I have reviewed the materials provided by the faculty member, the unit review, and acknowledge completion of this evaluation.

**Overall Rating:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
| **Excellent** |  | **Very Good** |  | **Good** |  | **Marginal** |  | **Poor** |

**Recommendation on Reappointment:**

|  |
| --- |
| Reappointment is recommended |

|  |  |
| --- | --- |
| If recommended, for how many years? |  |

|  |
| --- |
| Reappointment is not recommended due to: |

|  |
| --- |
| Failure to meet performance expectations |
| Change in school/department/unit teaching needs |
| Other: |

|  |
| --- |
| **Recommendation for promotion, as applicable** |

|  |
| --- |
| Yes |
| No |

Please provide justification for the basis of your recommendation for appointment renewal/non-renewal in the text box below or add a separate letter and attach it to this evaluation. In the case of a recommendation for reappointment, address the length of the appointment renewal term and the continued need for the position:

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature** |  | **Date** |
|  |  |  |
| **Please Type Name** |  | **Title (Chair/Unit Director/Dean)** |

**Department chairs/unit directors:** Forward this document and attachments to the school/college.

**Deans offices:** For schools without departments, attach this document to the renewal form in the perceptive content queue. For schools with departments, please attach a letter with the dean's concurrence/non-concurrence with the department recommendation to this evaluation, include the dean's rating, then attach this document and the dean's letter to the renewal form in the perceptive content queue.