

Semester 2 Procedure Checklist

Tenure-track faculty member	
College	Choose an item.
Date	Click here to enter a date.

This checklist should be completed by the TAP leader, in collaboration with the department chair, mentor and faculty member. The form should be reviewed with the faculty member during an informal check-in prior to the Second Semester Review. Any noteworthy items should be discussed during the Second Semester Review and this checklist is then included in the faculty member's Semester 3 portfolio. If significant concerns are noted and/or action items are identified, a progress report signed by each member of the team should also be included in the Semester 3 portfolio, and the faculty member has the opportunity to include a response.

SECOND SEMESTER SEMINAR	
The faculty member attended	out of _____ district-wide Second Semester Seminar sessions.
The faculty member attended	out of _____ college-specific Second Semester Seminar sessions.

DOCUMENTATION RECEIVED BY FACULTY MEMBER		
Did the faculty member receive the completed Semester 1 Portfolio Rubric? Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the faculty member receive the Semester 1 department chair letter? Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the faculty member receive completed student evaluations from Semester 1? Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PARTICIPATION IN THE MENTOR PROGRAM		
Has the mentor's first classroom visit been completed? Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the mentor's second classroom visit been completed? Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

FACULTY MEMBER OBSERVATIONS OF OTHERS' CLASSROOMS		
Has the first faculty member observation been completed? Name of faculty member observed: Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the second faculty member observation been completed? Name of faculty member observed: Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DEPARTMENT CHAIR'S REPORT		
Has a conversation taken place between the faculty member and the Department Chair to review retention and course success data from Semester 1 (Contextualized Data Report)? Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the faculty member meet with the department chair to discuss relevant departmental needs for consideration in designing ILSP outcomes? Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the faculty member participated satisfactorily in the department by attending department meetings, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the faculty member turned in required paperwork in a timely manner (Day 10 roster, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the faculty member exhibited an acceptable level of professionalism, collegiality and respect for colleagues?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DISCUSSION AND NEXT STEPS
Explanation of any areas marked "no" above:
Summary of any concerns noted by the Department Chair:
Describe any action items for relevant areas, including persons responsible and dates for review:

Signatures

By signing below each member of the team agrees that the material contained in this checklist is accurate and has been discussed, and a plan has been put in place to remedy areas as needed.

TAP Leader	Signature	Date Signed

Mentor	Signature	Date Signed

Department Chair	Signature	Date Signed

Tenure-track Faculty Member	Signature	Date Signed