

Semester 3 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 during week 9 or 10 (see suggested calendar). This checklist is 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 REVIEW		
Has the faculty member completed the Second Semester Review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain:		
Has the faculty member received the signed Second Semester Review Report?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ILSP APPROVALS		
Has the faculty member received approval on all ILSP outcomes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, explain:		
Have any ILSP outcomes been changed (added, subtracted, or revised since the Second Semester Review Report was signed by the department chair and the administration)? <i>If yes, an ILSP Revision Approval Form must accompany the ILSP.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PARTICIPATION IN THE MENTOR PROGRAM		
Has the faculty member selected a mentor for Year 2? Name of mentor:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have both the mentor and mentee signed the confidentiality agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DEPARTMENT CHAIR'S REPORT		
Did the faculty member receive completed student evaluations from Semester 2?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a conversation taken place between the faculty member and the Department Chair to review retention and course success data from Semester 2 (Contextualized Data Report)? 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

FORMAL OBSERVATIONS REQUIRED FOR SEMESTER 3 PORTFOLIO		
Observation by tenured faculty member selected by the department chair (See Semester 2 Timeline) Date: Name of Observer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Observation by tenured faculty member selected by tenure-track faculty member (See Semester 2 Timeline) Date: Name of Observer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Observation by Department Chair (See Semester 3 Timeline) Date:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Observation by Administrator (See Semester 3 Timeline) Date:	<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