AAPPS 04.02.10

**TRACKING FORM**

**Second Annual Evaluation Under the Professional Development Plan**

**I. Faculty Member**

 Name:

Department:

College:

**II. ACTION –Evaluation Under the Professional Development Plan**

 1. Recommendation of the Departmental Personnel Committee

Faculty Member has Performed to Departmental Standards by fulfilling the Goals of the Professional Development Plan

Yes: [ ]  No: [ ]  Abstain: [ ]

(Enter Voting Results)

List of Voting Faculty:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Personnel Committee Recorder Date

 2. Recommendation of the Department Chair or School Director

Faculty Member has Performed to Departmental Standards by fulfilling the Goals of the Professional Development Plan

Yes:[ ]  No: [ ]

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Department Chair/School Director Date

 AAPPS 04.02.10

1. Recommendation of the College Review Group

Faculty Member has Performed to Departmental Standards by fulfilling the Goals of the Professional Development Plan

Yes: [ ]  No: [ ]  Abstain: [ ]

(Enter Voting Results)

1. Recommendation of the College Dean

Faculty Member has Performed to Departmental Standards by fulfilling the Goals of the Professional Development Plan

Yes: [ ]  No: [ ]

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 College Dean Date

1. Recommendation of the Provost/VPAA

Faculty Member has Performed to Departmental Standards by fulfilling the Goals of the Professional Development Plan

Yes: [ ]  No: [ ]

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Provost/VPAA Date