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