Semester 1 Procedure Checklist

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| 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 1 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 1 portfolio, and the faculty member has the opportunity to include a response.

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| Semester 1 Orientation | | |
| Did the faculty member attend the entire Semester 1 Orientation? | **Yes** | **No** |
| Did the faculty member complete all the required tasks for the Semester 1 Orientation? | **Yes** | **No** |

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| Documentation Received by Faculty Member | | |
| Has the faculty member received the Tenure Manual? | **Yes** | **No** |
| Has the faculty member received the mentor handbook? | **Yes** | **No** |
| Has the faculty member received the departmental criteria and policies for contract renewal and tenure? | **Yes** | **No** |

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| Participation in the Mentor Program | | |
| Has the first mentor classroom visit been completed? Date: | **Yes** | **No** |
| Has the second mentor classroom visit been completed? Date: | **Yes** | **No** |
| Has the faculty member’s classroom visit of the mentor been completed? Date: | **Yes** | **No** |

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| Department Chair’s Report | | |
| Has a conversation taken place between the faculty member and the Department Chair to address Department Chair or faculty member’s concerns and to address the faculty member’s exploration of committees? Date: | **Yes** | **No** |
| Has the faculty member demonstrated to the Department Chair that he/she has explored department/college/district committees? | **Yes** | **No** |
| Has the faculty member discussed with the Department Chair plans for relevant future committee involvement? | **Yes** | **No** |
| Has the faculty member participated satisfactorily in the department by attending department meetings, etc.? | **Yes** | **No** |
| Has the faculty member turned in required paperwork in a timely manner (Day 10 roster, etc.)? | **Yes** | **No** |
| Has the faculty member exhibited an acceptable level of professionalism, collegiality and respect for colleagues? | **Yes** | **No** |

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| 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.

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| TAP Leader | Signature | Date Signed |
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| Mentor | Signature | Date Signed |
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| Department Chair | Signature | Date Signed |
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| Tenure-track Faculty Member | Signature | Date Signed |
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