Semester 2 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 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.

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| 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. |

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| Documentation Received by Faculty Member | | |
| Did the faculty member receive the completed Semester 1 Portfolio Rubric? Date: | **☐ Yes** | **☐ No** |
| Did the faculty member receive the Semester 1 department chair letter? Date: | **☐ Yes** | **☐ No** |
| Did the faculty member receive completed student evaluations from Semester 1? Date: | **☐ Yes** | **☐ No** |

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

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| Faculty Member observations of Others’ Classrooms | | |
| Has the first faculty member observation been completed? Name of faculty member observed: Date: | **☐ Yes** | **☐ No** |
| Has the second faculty member observation been completed? Name of faculty member observed: 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 review retention and course success data from Semester 1 (Contextualized Data Report)? Date: | **☐ Yes** | **☐ No** |
| Did the faculty member meet with the department chair to discuss relevant departmental needs for consideration in designing ILSP outcomes? Date: | **☐ 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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