

## CLAS Form for Annual Review of Instructional Faculty

**Classroom observations are required for the first six years and every subsequent reappointment review thereafter.**

Faculty Member:	
Reviewer (printed)	Department
Reviewer Signature:	Date
Faculty signature (not required if signed in workflow):	Date

**The Reviewer places a check mark in the appropriate box to indicate their evaluation of the faculty member's performance based on the submitted APR in teaching, in professional development/ productivity, and in service, with regard to the approved departmental standards for instructional faculty review or the collegiate instructional faculty policy.**

Area of Faculty Effort	Does not meet standards	Meets or exceeds standards
Teaching and Student Mentoring		
Professional Productivity		
Service		

No CV submitted

**Summary Comments:** The Reviewer **must** give a short and specific justification for the performance rating. Please use the Peer Evaluation of Teaching form for the classroom observation as an addendum to this review form.

**Teaching and Student Mentoring:**

**Professional Productivity (limit 500 characters):**

**Service (limit 500 characters):**