

## **College of Liberal Arts and Sciences**

Office of the Dean

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## **CLAS Instructional Faculty Reappointment Review Form**

Name:_	Department:
Review	er Name: Review period (AY(s)):
	ents to use for evaluation: Updated CV, course syllabi, ACE evaluations (including comments), and other information as appropriate.
-	d materials to submit to the College: Updated CV, ACE evaluations, this review form, bservation narrative or evaluation form.
I.	Teaching  a. Provide a summary of the instructor's teaching responsibilities, including what courses the instructor teaches, other instructional duties, and/or curricular contributions that the instructor has made.

b. Provide an evaluation of the instructor's overall teaching performance, based on the attached peer teaching observation, ACE evaluations (including student comments) and syllabi for other courses, as well as other teaching activities where appropriate (i.e., course and curriculum development, student mentoring, etc.)

Signature	re of Reviewer	Date
	<b>b.</b> Reviewer's Comments on professional develo	opment:
III.	Professional Development  a. Please list professional development activities	s during this review period:
	<b>b.</b> Reviewers Comments on Service	
	a. Please list other departmental service assignmental	nents for this review period:

II.

Service

## DEO in consultation with the Dean's office, choose one option below: Based on the facts presented in the dossier and this review and my own independent assessment, I recommend \_\_\_\_\_\_ for an additional \_\_\_\_\_-year term (1-3 for FN15, 1-5 for FN12/FN11) pending Dean approval.

Based on the facts presented in the dossier	and this review and my own independent assessment, I					
do not recommend	for a contract renewal. The upcoming (AY or					
semester) will be the terminal appointment period. Your termination date will be						
pending Dean approval.						

Instructional Faculty's Response to the review:

<b>Instructional Faculty Signature</b>	Date