

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE

Annual Performance Review - Visiting Assistant Professor (VAP)

Name: _____ Banner ID No.: _____
e-ID: _____ Campus Box No.: _____ College or School: _____
Department: _____ Initial date of full-time faculty appointment: _____
Name of Chair Conducting Review: _____
Semesters included in this calendar year review: Spring Fall
Year of Appointment 1 2 (prior to March 1st in the second year Dean and Provost must determine position outcome)

Please mark the item(s) below that were considered as part of this review:

Teaching Observation/Evaluation (at least one per year, typically completed in Fall semester by a Chair or Designee).

Student Evaluations of Teaching (SET)

Sample of additional teaching materials that highlight the VAP's breadth and diversity of teaching (syllabi, assignments, etc.).

Summary of research activities and/or creative activities with supporting documentation

Summary of student engagement and professional development work

Assessment of Teaching: Areas of Strength and Areas for Improvement

Assessment of Research and/or Creative Activities: Areas of Strength and Areas for Improvement

Assessment of Student Engagement and Professional/Faculty development

Check one of the following boxes:

Recommend Retention.

Recommend Retention with condition (after consultation with Dean, Office of the Provost, and NTTFA). This will necessitate a formal improvement plan.

Retention not Recommended (after consultation with Dean, Office of the Provost, and NTTFA). This process requires written notification no later than April 1st.

Chair Signature: _____ Date: _____

VAP Signature: _____ Date: _____

Signature does not indicate that the VAP agrees with the information provided, but it is evidence that the information has been explained. A copy of the Annual Performance Review shall be given to the VAP, and the VAP may elect to write a response which will be appended to the review.