

## Annual Performance Review

Name of Instructor:		Banner ID No.:
Instructor's e-ID:	Campus Box No.:	College or School:
Department:		Date of full-time faculty appointment at SIUE:
Name of Chair Conducting Review:		
Semesters included in this calendar year	review: Spring	Fall
Please mark the item(s) below that were	considered as part of this review:	
Content Evaluation on a single course (typically completed in Fall semester by a Chair or Designee).		
Student Evaluations of Teaching (SET	·)	
Sample of additional teaching materials that highlight the instructor's breadth and diversity of teaching (syllabi, assignments, etc.).		
Pedagogical Observation (performed by Pedagogical Observer Years 1, 2, and at least once during years 3-5 for probationary instructors hired after 7/1/20).		
SMART Goal/s (1 per year for Probationary Instructors hired after 7/1/20).		
Areas of Strength:		
Areas for Improvement:		
If Instructor is Probationary, check one	e of the following boxes:	
Recommend Retention.		
Recommend Retention with condition improvement plan.	n (after consultation with Dean, Office of	the Provost, and NTTFA). This will necessitate a formal
Retention not Recommended (after conotification 30 calendar days prior to e		ost, and NTTFA). This process requires written
		nstructor proposes 5th Unit activities for discussion with rtunities/needs arise, with changes documented on this
Chair Signature:		Date:
Ç		Date:
Instructor Signature:		Date.

Signature does not indicate that the instructor 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 instructor, and the instructor may elect to write a response which will be appended to the review.

Annual Performance Review Updated: 01/14/2025