

**EVALUATION AND RECOMMENDATION FOR RENEWAL, TENURE,
PROMOTION OR PROFESSIONAL ASSESSMENT FOR COUNSELORS**

For each category of evaluation and recommendation, one (1) original signed by the appropriate Director or Dean and faculty member evaluated and two (2) copies of the signed original.

I. DATA:

Faculty Member

Date

Department

Professional Assessment: Years of Service at CCSU

Promotion: Years of Service at CCSU and at other universities

Renewals: Years of Service at CCSU

Tenure: Years at CCSU and credited years granted at initial appointment

Present Rank

Years at Present Rank

Requested Rank

Type of recommendation: Renewal
 Promotion
 Tenure

Type of Evaluation: Annual (for non-tenured faculty)
 Professional Assessment
 (Sexennial for tenured faculty)

Eligibility for Promotion: Appropriate degree and specified years in rank

10 years in current rank (Article 5.3.6)

Substantially comparable credentials and/or experience (Article 5.3.5)

II. EVALUATION INSTRUCTIONS (Article 7.3.1)

Evaluations and assessments of full-time counselors shall be the quality of activity, including keeping current in one's field, within each of the categories listed below, weighted in the order listed:

1. Load credit activity- Professional effectiveness in providing counseling in the area appropriate to the specialty(ies).
2. Professional activity, such as attendance and participation in conferences and workshops, membership and service in appropriate professional organizations and other professional activities.
3. Productive service to the department and university
4. Creative activity appropriate to one's field, such as delivering papers at conferences, research, study, and publication.
5. Years in rank.
6. Record of any disciplinary action in the member's personnel file at the time of the evaluation.

III. EVALUATION NARRATIVE: COMPLETE FOR ALL EVALUATIONS AND RECOMMENDATIONS. In the Evaluation Narrative, address each of the categories listed in Section II of this form. The fifth category, years in rank, applies only to the promotion recommendation.

IV. RECOMMENDATION (For Renewal, Tenure and/or Promotion)

Appropriate Director or Dean: (Please type name and sign at right)

Date:

Faculty Member Acknowledges Receipt of this Evaluation:

Within five (5) working days, the faculty member evaluated may append comments which will be attached to this report.

Reviewed by _____
(Name/Title)

Reviewed by _____
(President)

NAME:

INVENTORY OF DOCUMENTS CONSIDERED FOR:

<u>No.</u>	<u>Description of Item</u>	<u>Source</u>	<u>Date Entered In File</u>
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