

University of Tennessee Health Science Center
Summary of the INTERIM PROBATIONARY REVIEW of Tenure-Track Faculty
For the academic year ending June 30, 2017

Form 2

Name _____ Rank _____
 Department _____ Personnel Number _____
 College _____ Tenure Review Date _____

1. Date of Interview between Chair and Faculty Member _____
2. Is the Chair's (or responsible supervisor's) narrative summary, based upon the goals & expectations agreed upon for the current probationary evaluation period attached? Yes _____ No _____
- Does the narrative summary contain a statement about the review by the tenured departmental or divisional faculty or CPT Committee? Yes _____ No _____
- Does the narrative include a statement of Chair's (or responsible supervisor's) opinion regarding progress toward tenure consideration? Yes _____ No _____
- Is the letter from the departmental or divisional tenured faculty or the CPT Committee attached? Yes _____ No _____
3. Is the faculty member's progress toward tenure satisfactory? Yes _____ No _____
4. Chair's interview summary and evaluation was provided to the faculty member on _____
5. Is faculty member's optional response to the Chair's evaluation attached? Yes _____ No _____ N/A _____

6. Overall cumulative performance rating for the ENTIRE Interim Probationary Period to date:

Rating (in relation to progress towards tenure)	Faculty Member	Chair
EXCEEDS EXPECTATIONS FOR RANK	_____	_____
MEETS EXPECTATIONS FOR RANK	_____	_____
NEEDS IMPROVEMENT FOR RANK	_____	_____
UNSATISFACTORY FOR RANK	_____	_____

7. We have discussed the contents of this document. By signing below, I acknowledge that I have participated in the review process and have received a copy of this review (*without implying agreement or disagreement*). I understand that I have the right to disagree with this evaluation and to respond in writing within five days from the date I received this form.

 Faculty Member

 Date

 Chair (or responsible supervisor)

 Date

* Requires Form 9: Annual Review Improvement Template to be attached.

- Order of Attachments:**
- 1 - Chair's narrative summary of previously established academic goals
 - 2 - Letter from tenured departmental or divisional faculty or CPT Committee
 - 3 - Faculty member's response (optional)
 - 4 - Form 9: Annual Review Improvement Template (if required)

- Distribution:**
- Faculty Member
 - Department Files
 - Dean
 - Chief Academic Officer