# Instructions: Direct-enter information in eFaculty or Upload this ASA-P; Go to eFaculty Activities tab: “Review: Periodic Evaluation of Probationary Faculty - Mini Review” to complete the ASA-P.

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| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Name |  | ID Number |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Rank |  | Service Year |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| Department/School |  | College |

This form is for probationary faculty members (upload this form or direct-enter the information in eFaculty) undergoing periodic evaluation. It will be used by peer and administrative reviewers, and it will be placed in the Personnel Action File. *Pursuant to Article 15.12 of the Collective Bargaining Agreement, faculty members are responsible for submitting evaluation materials required by campus policy. Failure to submit required material will be taken into consideration as part of the evaluation.*In the sections below, please discuss accomplishments in the three categories of achievement during the period of review. Use the final section to discuss works in progress and/or activities undertaken to improve performance since the last review. Periodic evaluation of probationary faculty is a formative evaluation procedure.

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| **1)** | **EFFECTIVENESS IN ACADEMIC ASSIGNMENT** | | | | |
| Click or tap here to enter text. | | | | | |
| **2)** | **SERVICE** | | | | |
| Click or tap here to enter text. | | | | | |
| **3)** | **SCHOLARLY/ARTISTIC/PROFESSIONAL ACHIEVEMENT** | | | | |
| Click or tap here to enter text. | | | | | |
| **4)** | **WORKS IN PROGRESS AND/OR PERFORMANCE IMPROVEMENT ACTIVITIES** | | | | |
| Click or tap here to enter text. | | | | | |
| I affirm that the information contained in this Annual Summary of Achievements - Probationary (ASA-P) is true and accurate to the best of my knowledge. I have uploaded supporting evidence in eFaculty and understand that reviewers may access all items in eFaculty to perform their formative evaluation duties. | | | | | |
| Click or tap here to enter text. | |  | Click or tap here to enter text. |  | Enter a date |
| Name of Faculty Member (Please Print) | |  | Signature |  | Date |