**Professional Activity Review for Teaching, Clinical, Advising, and Professor of the Practice (TPAC) Faculty**

**Department of/Academic Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Year \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Position:** \_\_\_\_\_ Assistant \_\_\_\_\_ Associate \_\_\_\_\_ Full

|  |  |  |
| --- | --- | --- |
| **Area of Responsibility** | **Professional Activity Description / Evidence** | **Performance** |
| **Needs Improvement** | **Satisfactory** | **Outstanding** |
| **TEACHING** |  |  |  |  |
| **ADMINISTRATION** **(formal job requirements)** |  |  |  |  |
| **SERVICE****(additional responsibilities taken on at the program, department, college, university, or community level)**  |  |  |  |  |
| **SCHOLARSHIP** |  |  |  |  |
| **PROFESSIONAL DEVELOPMENT** |  |  |  |  |
| **RECOGNITIONS, HONORS AND AWARDS RECEIVED** |  |  |  |  |
| **GOALS / PLANS FOR UPCOMING ACADEMIC YEAR** |  |  |  |  |
| **Overall Comments and** **Discussion of Career Advancements**  |  |  |

**TPAC Professor Department Chair/Unit Director**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Note: If your academic unit has a different professional activity review form, it can be used as substitute for this form.