**PHASE I** TENURE REVIEW SCHEDULE FORM (2 Quarters: Fall/Wtr) **DATE: \_\_\_\_\_\_\_\_**

*To be completed by Chair, with copies to committee members, candidate, and TR Coordinator* ***within 5 days of 1st meeting of Phase*** *(weeks 2-4); if changes or meetings/evaluations added, Chair distributes revision.*

Fill in complete form.

**Candidate Name Department Email Phone Extension**

**Tenure Review Coordinator:** Shagun Kaur [kaurshagun@fhda.edu](mailto:kaurshagun@fhda.edu)

**Core Committee: Name Email Phone Extension Chair**

• division dean

• div/dept faculty

• div/dept faculty

Vice President

At-Large Faculty

***Minimum required meetings: 3***

***Minimum required evaluations: 3 observations (J1); 2 student evaluations (J2)***

Schedule of 3 required meetings

|  |  |  |
| --- | --- | --- |
| Qtr/weeks | Meeting Purpose | Date (or wk) |
| Fall/wks 2-4 | **Meeting 1**: to select chair, examine job description, set dates for all activities; with candidate to outline process, confirm evaluation dates; candidate submits relevant materials for evaluations, e.g., GreenSheet, sample exams, lessons. (*Or two separate meetings.)* |  |
| Fall/wks 6-9 | **Meeting 2: part 1** closed session to discuss evaluations, performance, schedule any extra evaluations; and **part 2** with candidateto review/assess performance, discuss any deficiency identified in J1 evaluations with suggestions for improvement. (*Or two separate meetings.)* |  |
| Winter/wk 4 | **Meeting 3: part 1** with candidate to discuss Fall J2s, performance; and **part** **2** closed session to prepare Phase I report. (*Or two separate meetings.)* |  |
| Winter/wk 5 | Meeting or designated member(s) to inform candidate of recommendation |  |
| (extra) |  |  |

Schedule of 3 required observations, ***1 by each core committee member*** (Fall, weeks **4-7**)

|  |  |  |
| --- | --- | --- |
| Core Committee Member | Class/Task | Date (or qtr/wk\*)  ***\*****Candidate given date at least 1 wk prior* |
|  |  |  |
|  |  |  |
|  |  |  |
| (extra J1) |  |  |

Schedule of 2 required student evaluations (Fall, weeks 6-9, ***not*** during same class period as J1)

|  |  |  |
| --- | --- | --- |
| Committee Member | Class/Task | Date (or qtr/wk\*)  ***\*****Candidate given date at least 1 wk prior* |
|  |  |  |
|  |  |  |
| (extra J2) |  |  |

Please contact the Tenure Review Coordinator with any questions. Revised: October 2023