

**Post Tenure Peer Review Report (Individual)**

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| **Name:** |  |
| **Department:** |  |
| **Campus:** |  |

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|  |  | **Conclusions** |
| **Area Reviewed** | **% Effort** | **Satisfactory** | **Remediation needed** |
| Teaching Activity (a): |  |  |  |
| Scholarship Activity (b): |  |  |  |
| Clinical Service Activity (c): |  |  |  |
| Academically-Related Public Service Activity (d): |  |  |  |

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| **Basis for the Conclusions:** Comments/Explanation on Areas Above by Letter)  |
| (a) |  |

|  |  |
| --- | --- |
| (b) |  |

|  |  |
| --- | --- |
| (c) |  |

|  |  |
| --- | --- |
| (d) |  |

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| **Outcome:** | Satisfactory | [ ]  | Remediation Needed | [ ]  |

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| **Recommendations:**(required for either rating) |
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| **Reviewer:** |  | **Date:** |  |