



APPENDIX B

**WPAF REQUIRED ITEMS CHECKLIST FOR LIBRARIANS, COUNSELORS AND LECTURERS
 WHOSE PRIMARY DUTIES ARE NOT TEACHING**

Temporary Faculty Member: _____

INITIAL/MARK	ITEM
	Completed Checklist (initialed, signed, and dated by review candidate)
	Index of materials
	Job Description or Assignment of Responsibility
	Current Curriculum Vitae
	The complete university-prepared report of the Student Evaluations of Supervisor for all courses evaluated in accordance with the CBA during the evaluation cycle
	Materials required in accordance with approved college /division and/or department / program or equivalent criteria <ul style="list-style-type: none"> • Form A – Cover Sheet. Document with a list of Teacher Candidates you have supervised since your last evaluation. • Form D – Clinical Practice Coordinator and/or Program Coordinator Input • University Supervisor’s Log • Copies of formal observations. Samples to include: high, medium, and low (if applicable) • Teacher Candidate Reflection Log • Introductory meeting/training agenda (conducted at school site) • University Supervisor meeting agenda(s) • One representative course syllabus, for each of the courses you listed as Supervising (under item “a.” above). You may download syllabi from the SOE Faculty Syllabus Archive: http://www.csusm.edu/soe/faculty/syllabusarchive.html. The archive contains both PDF and Word documents of each course syllabus. • Other supporting materials: meeting agendas, co-teaching training, cooperating teacher training, communications with site personnel and/or teacher candidates, etc. • <i>Optional:</i> Thank you notes
	Copies of all prior periodic evaluations with responses/rebuttals (if any)
	A copy of the relevant university procedure, and all college/division, and department /program Lecturer evaluation criteria
	<i>Optional:</i> Any other evidence relevant to the duties of the appointment
	<i>Optional:</i> Evidence of scholarship, professional development, creative activities, and/or service to the campus, the community and/or the profession, whether or not these are required by the appointment.
	<i>Optional:</i> Peer input from the period being evaluated.
	A self-assessment or reflection with respect to the duties of the appointment for the evaluation cycle.

I verify that all items are included in the file: _____
Signature Date