**APPENDIX A: Contract Academic Staff Annual Activity Report**

**CONTRACT ACADEMIC STAFF ANNUAL ACTIVITY REPORT**

INSTRUCTIONS

* To be completed by the Member
* To be submitted to the Department Chair/Director or equivalent by:
	+ **June 1st** for 6 credit hour courses taught over the Fall and Winter Terms OR
	+ **February 1st** for all other courses
* ONE FORM PER COURSE

I General Information:

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the following:

II Teaching Activities:

* + - * 1. Comment on any teaching/demonstrations, organizing and structuring of classroom, any innovative or particularly successful teaching methods employed during the year.
				2. Other evidence of satisfactory teaching:

III Personal Statement (Optional) — May include extent of contributions and outcome community service and/or administration that is relevant to teaching. May include remarks about any professional activities and/or development.

IV I wish to teach this course again for the purpose of earning the ROFR Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UWFA-CAS Member Date

***[ON A SEPARATE PAGE]***

 **Evaluation OF TEACHING**

INSTRUCTIONS

* To be completed by Department Chair/Director or equivalent
* To be submitted to the Dean by:
	+ **June 30** for 6 credit hour courses taught over the Fall and Winter Terms OR
	+ **April 15** for all other courses

**Evaluation of CAS Member's Activities**

**Please comment on the CAS Member's performance in accordance with Clause 14.9 of the Collective Agreement. The Member shall be evaluated based on having met the Department quantitative and qualitative measures of teaching with respect to the course, and having complied with University and Senate policies.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluation of Teaching:**

* **Exceeds expectations**
* **Meets expectations**
* **Does not meet expectations**

**Evaluator’s Comments:**

**Signed:**

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

**Department Chair/Director or Equivalent Date**

**I have read the above evaluation.**

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

**Signature of Member Date**

**I have read and concur/do not concur with the above evaluation.**

**Comments:**

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

**Signature of Dean Date**