

NON-TENURED PORTFOLIO
ASSESSMENT TRACKING FORM

Instructor's Name _____ Date _____

Department/Campus _____

First Reader: Name _____ Date Received _____

Date Summary Completed _____

Date Forwarded to Second Reader _____

Second Reader: Name _____ Date Received _____

Date Summary Completed _____

Date Forwarded to Second Reader _____

Third Reader: Name _____ Date Received _____

Date Summary Completed _____

Date Forwarded to Second Reader _____

Non-Tenured Assessment Committee

Date Received _____ Initials _____

Assessment Summary/Date Completed _____

Summary Returned to Instructor _____

Date Received _____ Initials _____

Response to Summary Completed [Optional] _____

Date Portfolio and Summary Assessment
Forwarded to Department Head _____

Department Head _____ Date Received _____

Department/Campus _____

Date Forwarded to Instructional Dean _____

Instructional Dean _____

Portfolio and Summary Assessment/Date Received _____

Date Instructional Dean Forwarded to Preparer _____