

PERIODIC REVIEW FORM FOR SL INSTRUCTORS

COVER PAGE

INSTRUCTOR INFORMATION

Name of Instructor:		
Date of Employment:		
Date of this Review:		
Review Period:	From:	To:
Date of the Previous Periodic Review:	Assessment:	

ASSESSMENT

ASSESSMENT (SL Director) Successful Satisfactory Probation Termination	FINAL ASSESSMENT (Academic Review Committee for SL Instructors) Outstanding Successful Satisfactory Probation Termination
Name:	<u>Name</u> <u>Signature</u>
Signature:	President: SL Director: FDP Director:
Date:	Date:
Date of next Review (To be determined by the Director):	

Attached:

- PART - A I – ACTIVITIES
 II - SELF-ASSESSMENT OF THE INSTRUCTOR
- PART - B I - DIRECTOR'S ASSESSMENT
 II – INSTRUCTOR'S COMMENTS

PART – A (To be completed by the Instructor)

The following is intended as a guideline. The Instructor is required to use the three main headings below but may omit or add items under subheadings as appropriate. The Instructor will provide information on specific dates and periods as appropriate.

I - ACTIVITIES**A. Teaching**

1. Courses / Levels taught
2. Teaching-related activities
3. Tutoring and advising students
4. Examples of how the Instructor's principles of teaching and learning are implemented in his / her teaching and other related work.

B. SL task group work / Project work / Level work

1. SL task group work
2. Project work and research-related activities
3. Level work

C. Citizenship and Other Professional Activities

1. Work and involvement in SU committees and boards
2. Organizing seminars / conferences / symposiums
3. Presentation and attendance at workshops / seminars / conferences
4. Teacher training and development activities within or outside SL/SU
5. Contributions to professional organizations
6. Awards (if any)
7. Publications (if any)
8. Other professional activities

Appendix: Updated CV**II – SELF-ASSESSMENT**

PART – B

I - DIRECTOR'S ASSESSMENT

A. Teaching

B. SL task group work / Project work / Level work

C. Citizenship and Other Professional Activities

Overall Assessment

Name: Signature:..... Date:.....

II – INSTRUCTOR'S COMMENTS

Name: Signature:..... Date:.....