

**University of Tennessee Health Science Center**  
**Summary of the INTERIM PROBATIONARY REVIEW of Tenure-Track Faculty**  
**For the time period of January 1, 2020 - December 31, 2020**

**Form 2**

Name \_\_\_\_\_ Rank \_\_\_\_\_  
 Department \_\_\_\_\_ Personnel Number \_\_\_\_\_  
 College \_\_\_\_\_ Tenure Review Date \_\_\_\_\_

1. Date of Interview between Chair and Faculty Member \_\_\_\_\_
2. Is the Chair's (or responsible supervisor's) narrative summary, based upon the goals & expectations agreed upon for the current probationary evaluation period attached? Yes \_\_\_\_\_ No \_\_\_\_\_
- Does the narrative summary contain a statement about the review by the tenured departmental or divisional faculty or CPT Committee? Yes \_\_\_\_\_ No \_\_\_\_\_
- Does the narrative include a statement of Chair's (or responsible supervisor's) opinion regarding progress toward tenure consideration? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is the letter from the departmental or divisional tenured faculty or the CPT Committee attached? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Is the faculty member's progress toward tenure satisfactory? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Chair's interview summary and evaluation was provided to the faculty member on \_\_\_\_\_
5. Is faculty member's optional response to the Chair's evaluation attached? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

6. Overall cumulative performance rating for the ENTIRE Interim Probationary Period to date:

Rating (in relation to progress towards tenure)	Faculty Member	Chair
EXCEEDS EXPECTATIONS FOR RANK	_____	_____
MEETS EXPECTATIONS FOR RANK	_____	_____
NEEDS IMPROVEMENT FOR RANK	_____	_____
UNSATISFACTORY FOR RANK	_____	_____

7. We have discussed the contents of this document. By signing below, I acknowledge that I have participated in the review process and have received a copy of this review (*without implying agreement or disagreement*). I understand that I have the right to disagree with this evaluation and to respond in writing within five days from the date I received this form.

\_\_\_\_\_  
 Faculty Member

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Chair (or responsible supervisor)

\_\_\_\_\_  
 Date

\* Requires Form 9: Annual Review Improvement Template to be attached.

**Distribution:**  
 Faculty Member  
 Department Files  
 Dean  
 Chief Academic Officer

**Order of Attachments:**  
 1 - Chair's narrative summary of previously established academic goals  
 2 - Letter from tenured departmental or divisional faculty or CPT Committee  
 3 - Faculty member's response (optional)  
 4 - Form 9: Annual Review Improvement Template (if required)