Central Connecticut State University
UNIVERSITY SENATE ACTION

Senate Motion Number FS 17.18.006B

TO: President Zulma Toro
FROM: President of the University Senate

1. The attached motion of the University Senate, dealing with: Promotion and Tenure Form for Counselors is presented to you for your consideration.

2. This motion was adopted by the University Senate on 09/25/2017.

3. After considering this motion, please indicate your action on this form, and return it together with the original copy to the President of the University Senate.

4. Under the By-Laws of the University Senate, Section 3.7, the following schedule of action is to be observed.

   a) By 10/10/2017, Senate action reported to the President of the University. (Within five school days of the session in which they are adopted).

   b) By 10/24/2017, the President of the University to return the motion to the President of the Senate. (Within ten school days of its receipt).

   10/10/2017
   Date
   Stephen Cohen, President, University Senate

ENDORSEMENT:

TO: President of the University Senate
FROM: President Zulma Toro

1. Motion Approved: ✓

2. Motion Disapproved: _______________ (Explanatory statement must be appended).

3. Action "is deferred": _______________

4. Resolution Noted: _______________

5. Other: _______________

   10/18/2017
   Date
   President Zulma Toro
EVALUATION AND RECOMMENDATION FOR RENEWAL, TENURE, PROMOTION OR PROFESSIONAL ASSESSMENT FOR COUNSELORS

For each category of evaluation and recommendation, one (1) original signed by the appropriate Director or Dean and faculty member evaluated and two (2) copies of the signed original.

I. DATA:

Faculty Member ____________________________ Date ______________
Department ________________________________

Professional Assessment:  □ Years of Service at CCSU
Promotion:  □ Years of Service at CCSU and at other universities
Renewals:  □ Years of Service at CCSU
Tenure:  □ Years at CCSU and credited years granted at initial appointment

Present Rank ____________________________ Years at Present Rank ______________
Requested Rank __________________________

Type of recommendation:  □ Renewal  □ Promotion  □ Tenure
Type of Evaluation:  □ Annual (for non-tenured faculty)
                   □ Professional Assessment (Sexennial for tenured faculty)

Eligibility for Promotion:  □ Appropriate degree and specified years in rank
                            □ 10 years in current rank (Article 5.4)
                            □ Substantially comparable credentials and/or experience (Article 5.3.5)

II. EVALUATION INSTRUCTIONS (Article 7.3.1)

Evaluations and assessments of full-time counselors shall be the quality of activity, including keeping current in one's field, within each of the categories listed below, weighted in the order listed:

1. Load credit activity - Professional effectiveness in providing counseling in the area appropriate to the specialty(ies).
2. Professional activity, such as attendance and participation in conferences and workshops, membership and service in appropriate professional organizations and other professional activities.
3. Productive service to the department and university
4. Creative activity appropriate to one's field, such as delivering papers at conferences, research, study, and publication.
5. Years in rank.
6. Record of any disciplinary action in the member's personnel file at the time of the evaluation.
III. EVALUATION NARRATIVE: COMPLETE FOR ALL EVALUATIONS AND RECOMMENDATIONS. In the Evaluation Narrative, address each of the categories listed in Section II of this form. The fifth category, years in rank, applies only to the promotion recommendation.

IV. RECOMMENDATION (For Renewal, Tenure and/or Promotion)

Appropriate Director or Dean: (Please type name and sign at right)  Date:

Faculty Member Acknowledges Receipt of this Evaluation:

Within five (5) working days, the faculty member evaluated may append comments which will be attached to this report.

Reviewed by ________________________________  (Name/Title)

Reviewed by ________________________________  (President)
NAME:

INVENTORY OF DOCUMENTS CONSIDERED FOR:

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<th>No.</th>
<th>Description of Item</th>
<th>Source</th>
<th>Date Entered In File</th>
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