**FINAL PROBATION ASSESSMENT FORM FOR GRADE 9+ ACADEMIC STAFF**

(Teaching and Scholarship Academic Career Pathways Scheme)

Individuals involved in the probationary process are responsible for maintaining the confidentiality of the information in this document, for the purpose of this process.

|  |  |  |
| --- | --- | --- |
| Name of probationer | Role title | Faculty / Department |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Date of appointment | Duration of probationary period | Date of review |
|  |  |  |

|  |
| --- |
| Name of Head of Institution |
|  |

|  |  |
| --- | --- |
| **Final overall assessment** of performance by Head of Institution against the following criteria: | |
| Teaching & Scholarship | |
| Probationer needs to demonstrate at least 3: |  |
| 1. Consistently delivers excellent teaching that benefits from and engages with Cambridge’s research-rich environment and is intellectually challenging |  |
| 1. An effective contribution to curriculum development and enhancement; where appropriate, informed by scholarship |  |
| 1. A track record of effective scholarship in the discipline and / or related to best practice in teaching, learning and assessment |  |
| 1. Effective participation in strategic or developmental initiatives at disciplinary, Faculty or University levels |  |
| Service to the University and to the academic community | |
| An effective contribution of service to the University and to the academic community beyond the University. Promotes collegiality and engenders a culture of mutual respect. |  |
| Service to the NHS *(for clinical academics only)* | |
| Clinical activity in the relevant NHS Trust / Body role |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Outcome of assessment *(select as appropriate)* | | | | | | | | |
| **Confirm appointment** |  | **Recommend** **extension of probationary period** to Selection Committee | |  | **Recommend non-confirmation** **of appointment** to Selection Committee | | |  |
| Recommended period of extension (if relevant) | | | Date: | | | | | |
| Signature of Head of Institution | | |  | | | Date |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Probationer comments |  | | |
| Signature of probationer |  | Date |  |