

**APPENDIX A: CONTRACT ACADEMIC STAFF ANNUAL ACTIVITY REPORT (CASAAR)**

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**CONTRACT ACADEMIC STAFF ANNUAL ACTIVITY REPORT (CASAAR)**

(To be submitted to the Department Chair/ Director or equivalent by February 1<sup>st</sup> of each Year)

I General Information:

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Course Taught: \_\_\_\_\_

For preceding 12 months: \_\_\_\_\_ to \_\_\_\_\_

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Please complete the following, as appropriate to the Member:

II Teaching Activities:

i) Comment on any teaching/demonstrations, organizing and structuring of classroom, any innovative or particularly successful teaching methods employed during the year.

ii) Attach information regarding Senate-approved Course/Instructor evaluations (by students or other). This is mandatory information.

iii) Other evidence of satisfactory teaching:

III Research/Scholarship and/or Service Activities (where applicable):

IV Personal Statement (Optional) — May include extent of contributions and outcome community service and/or administration that is relevant to teaching. May include remarks about any professional activities and/or development.

\_\_\_\_\_  
UWFA-CAS Member

\_\_\_\_\_  
Date

**For Members to retain the Right of First Refusal, the following information is required to be submitted with this Activity Report:**

Course Name	Course Number	Teaching Availability for next Activity Report Period

**[ON A SEPARATE PAGE]**

**CHAIR EVALUATION**  
for Calendar Year January 1/ \_\_\_\_ to December 31/

To be completed by Department Chair  
pursuant to Clause 14.9  
(To be forwarded to the Dean by April 15)

**Evaluation of CAS Member's Activities**

Please comment on the CAS Member's performance in accordance with Clause 14.9 of the Collective Agreement. The Member shall be evaluated based on he/she having met the Department quantitative and qualitative measures of teaching with respect to the course, and having complied with University and Senate policy. For each course taught by the Member, an assessment is required, using one of the terms "exceptional", "satisfactory" or "unsatisfactory".

**Course Name:**

**Chair's Evaluation:**

- Exceptional**
- Satisfactory**
- Unsatisfactory**

**Chair's Comments:**

**Signed:**

\_\_\_\_\_  
**Department Chair**

\_\_\_\_\_  
**Date**

**I have read the above evaluation.**

\_\_\_\_\_  
**Signature of Member**

\_\_\_\_\_  
**Date**

**I have read and concur with the above evaluation.**

\_\_\_\_\_  
**Signature of Dean**

\_\_\_\_\_  
**Date**