

ANNUAL FACULTY EVALUATION BY FACULTY PEER OR CHAIR/DEAN/DIRECTOR

Faculty Member: _____ Rank: _____

Division/School/Library: _____ Faculty Peer, Chair, Dean/Director: _____

Evaluation Period: _____ Date: _____

Background, Instructions & Guidelines: Annual evaluation provides the basis for recommendations relating to salary, successive appointment, promotion and tenure. Annual evaluations also provide guidance to faculty in their professional development and academic responsibilities.

1. **Teaching** (See Faculty Handbook Chapter 3; Appendix C)

____ Excellent; ____ Good; ____ Satisfactory; ____ Needs Improvement; ____ Unsatisfactory

Check all that apply:

- ____ Classroom observation
- ____ Faculty self-evaluation
- ____ Student evaluation
- ____ Peer evaluation
- ____ Other (specify)

Add narrative statements describing strengths/improvement areas on reverse side or attach a sheet if necessary.

2. **Scholarship** (See Faculty Handbook Chapter 3; Appendix C)

____ Excellent; ____ Good; ____ Satisfactory; ____ Needs Improvement; ____ Unsatisfactory

Add narrative statements describing strengths/improvement areas on reverse side or attach a sheet if necessary.

3. **Service** (See Faculty Handbook Chapter 3; Appendix C)

____ Excellent; ____ Good; ____ Satisfactory; ____ Needs Improvement; ____ Unsatisfactory

Add narrative statements describing strengths/improvement areas on reverse side or attach a sheet if necessary.

4. **Professional Renewal** (See Faculty Handbook Chapter 3; Appendix C)

____ Excellent; ____ Good; ____ Satisfactory; ____ Needs Improvement; ____ Unsatisfactory

Add narrative statements describing strengths/improvement areas on reverse side or attach a sheet if necessary.

5. **Overall Performance.**

____ Excellent; ____ Good; ____ Satisfactory; ____ Needs Improvement; ____ Unsatisfactory

Add narrative statements describing strengths/improvement areas on reverse side or attach a sheet if necessary.

(over, please)

1. **Teaching**

2. **Scholarship**

3. **Service**

4. **Professional Renewal**

5. **Overall Performance**

Faculty Member

Date

Faculty Peer or Chair/Dean/Director

Date

The above signatures indicate that this evaluation has been read by the faculty member and discussed with the Academic Unit Head. The signatures do not mean that the faculty member is in total agreement with the evaluation.

Annual Evaluation/Review by Vice Chancellor for Academic Affairs Comments:

Vice Chancellor for Academic Affairs

Date