

Form Applies Only to Faculty Hired BEFORE 2013-14 Academic Year

**Departmental Peer Evaluation Form
for Reappointment and Promotion**

**To be filled out by Departmental Review Panel (DRP)
(Based on the Documentation Submitted by the Candidate to APPC)**

Name of Faculty Member _____ Date _____

To be Evaluated _____

Evaluation to be used for:

1. Reappointment to a _____ year term.
 2. Continuing Appointment
 3. Promotion to _____

DEFINITION FOR RATING CATEGORIES	
4 - <i>Outstanding -</i>	Consistently exceeds performance expectations
3 - <i>Highly Effective -</i>	Often exceeds the performance expectations
2 - <i>Effective -</i>	Generally meets performance expectations. Employee may exceed expectations or needs improvement in some areas. Performance is at the expected and usual level.
1 - <i>Needs Improvement -</i>	Does not always meet expectations. Immediate and substantive improvement in performance is required.
0 - <i>Unsatisfactory -</i>	Fails to meet reasonable expectations. Immediate and substantive improvement in performance is required

- A. Effectiveness in teaching. Rating _____
Narrative: _____
- B. Scholarly ability and professional growth. Rating _____
Narrative: _____
- C. Professional Service Rating _____
Narrative: _____
- D. Summary Statement (include strengths and areas for improvement).
Narrative: _____

Overall Rating _____

Recommendation for Reappointment and/or Promotion:

Name _____

- Is Is Not Recommended to reappointment to a _____ year term.
 Is Is Not Recommended for continuing appointment
 Is Is Not Recommended for promotion to the rank of _____

Peer Evaluation Team Signatures:

 _____ Date _____
 _____ Date _____

Total Votes Available: _____ Number in Support: _____ Number Not In Support: _____

I have read this evaluation. A statement is attached: Yes No

Signed _____ Date _____
 Faculty Member