**Faculty Evaluation Form** (by Department Chair or College Dean)

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| --- | --- |
| **Faculty Name:** | Click here to enter text. |
| **Title:** | Click here to enter text. |
| **College/Department:** | Click here to enter text. |
| **Date Hired as Full-time Faculty:** | Click here to enter text. |
| **Evaluation Year:** | Click here to enter text. |

*After reviewing a faculty member’s self-evaluation and student evaluations, the Chair or Dean will provide summative comments in the categories below, and will then meet with the faculty member to review and discuss the comments.*

**Strengths**

**Teaching and Student Engagement**

Click here to enter text.

**Research/Scholarship/Professional Development**

Click here to enter text.

**Service**

Click here to enter text.

**Suggestions for Improvement and/or Additional Opportunities**

**Teaching/Student Engagement**

Click here to enter text.

**Research/Scholarship/Professional Development**

Click here to enter text.

**Service**

Click here to enter text.

**Additional comments related to professionalism, department/College/University needs (e.g. improved assessment of learning), etc.**

Click here to enter text.

**Faculty Evaluation Signature Page**

*Signing the evaluation form verifies that the faculty member was given an opportunity to read the evaluation and that a meeting took place between the faculty member and the Department Chair or College Dean concerning the evaluation. It does not imply that the faculty member either agrees or disagrees with the contents of the evaluation. Subsequent to the evaluation conference, faculty members may respond with written comments about the content of the Chair or Dean’s evaluation if the faculty member wishes to provide the Chair/Dean and the Provost/Vice President of Academic Affairs with additional information or insights.*

Signature of Faculty Member Evaluated Date

Signature of Department Chair Date

Signature of College Dean Date