**Department Chair / Grad Program Director**

**Evaluation Form**

**[Initial Review, Term-Tenure Review, Promotion Review, Reappointment Review and Term-Tenure Renewal Review]**

Faculty Member Being Evaluated:

Evaluator:

Using the established criteria in the *Community of Educators Handbook Section 6.V*, please evaluate the faculty member identified above in the areas of teaching, scholarship, and institutional service. Please be as specific as possible, providing examples as appropriate. Send the completed form to the School Dean by **July 1** prior to the academic year in which the faculty member will undergo review.

1. Teaching (please confirm representativeness of IDEA evaluations)
2. Scholarship
3. Institutional Service related to the department, including advising (and collegiality if applicable (not required))
4. Summary comments

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Evaluator

**The completed form shall be sent only to the School Dean and filed in the School Dean’s Office.**

Faculty members are able to view the completed form after July 1 (by appointment with the School Dean)