

Record of Evaluation for Tenured Faculty Member

Faculty Member Name: _____

Department: _____

Department Evaluation Committee Members: _____

Department Chairperson: _____

Classroom Observations (One observation per semester by the Department Committee and an evaluation per year by the Department Chairperson – see attached chart)

Date: _____

Date: _____

Class: _____

Class: _____

Observer: _____

Observer: _____

Student Evaluations

Course(s) Taught:

Fall: _____

_____ **Student Evaluation summaries for all fall semester courses attached**

_____ **Student Evaluation summaries for some fall semester course(s) attached**

_____ **No Student Evaluation summaries attached**

If missing some or all student evaluation summaries explain reason:

Evaluation Report

_____ **Committee Report shared with faculty member**

_____ **Committee Report attached**

_____ **Committee Report sent to chair with copy to Dean by deadline** (see attached deadline chart)

_____ **Department Chair Report shared with faculty member with copy to the Department Committee**

_____ **Department Chair Report attached**

_____ **Department Chair report sent to Dean by deadline** (see attached deadline chart)

_____ **Dean's Report shared with faculty member; final report provided to Department Committee and Department Chair**

_____ **Dean's Report attached**

_____ **Dean's report sent to Provost by deadline** (see attached deadline chart)

_____ **Department Evaluation Chair Signature**

_____ **Date**

_____ **Department Chair Signature**

_____ **Date**

_____ **Deans Signature**

_____ **Date**