

FACULTY RATING FORM

PART 1 of 3: Documentation Completed at End of Rating Period

Faculty Member: _____ Rating Period: _____

Faculty Category During Rating Period (T1, T2, or T3): _____

Date Evaluation Was Discussed with Faculty Member: _____

Comment by Faculty Attached: Yes _____ No _____

Faculty Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

PART 2 of 3: Department Chair's Rating of Faculty Member

	<u>Unsatisfactory</u>	<u>Satisfactory</u>	<u>Superior</u>	<u>Not Applicable</u>
Teaching Effectiveness	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Growth/Development	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Rating	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: These areas of faculty activity are described in P&P 803.075. Faculty ratings are based on faculty category (T1, T2, T3) during the evaluation period. They also relate to the university-wide and individual expectations listed on the Faculty Expectations Form.

