**Faculty Evaluation Form**

**Faculty Member Name:**

**Academic Unit:**

**Evaluation Period:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Evaluation Rubric** | Outstanding4 | Meritorious3 | ExceedsExpectations2 | Meets Expectations1 | Does Not Meet Expectation 0 |

**Enter appropriate evaluation value for each area**

|  |  |
| --- | --- |
| **Teaching** |  |
| **Research** |  |
| **Service** |  |

**Unit Leader Comments**

Teaching

Research

Service

Suggested Areas for Faculty Development

Unit Leader Signature and Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluated Faculty Member Signature and Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Note: Evaluated faculty member is able to submit a response to this evaluation.