

DEAN'S FACULTY EVALUATION CHECKLIST

Faculty Name: _____

Department: _____

Date Due: _____ Date Received: _____

Type of Evaluation:

_____ Probationary Evaluation, Year _____

_____ Promotion, Year _____

- _____ Promotion to Associate Professor
- _____ Promotion to Full Professor

_____ Year 5 Post Tenure

_____ Probationary RPT, Year _____

_____ RPT, Year 3 Post Probationary

_____ Full Time Temporary Faculty Consecutive Year _____

_____ Part Time Temporary Faculty

_____ Interim Evaluation

Checklist of items to be included in Packet:

- _____ Signed Cover Sheet
- _____ CV
- _____ SRIS
- _____ Evaluation Committee Observation
- _____ Chair Observation
- _____ Evaluation Committee Report
- _____ Chair Report
- _____ Statement of Expectations

Committee Evaluation:

- _____ Teaching/Prime Responsibility
- _____ Scholarly Growth
- _____ Service
- _____ Overall

Department Chair Evaluation:

- _____ Teaching/Prime Responsibility
- _____ Scholarly Growth
- _____ Service
- _____ Overall

Dean's Evaluation:

- _____ Teaching/Prime Responsibility
- _____ Scholarly Growth
- _____ Service
- _____ Overall