

# 2024-2025 Evaluation of Tenured Faculty

## Department Peer Committee’s Review

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| --- | --- |
| **EMPLOYEE’S NAME** | \*\*Click to enter Employee Name |

|  |  |
| --- | --- |
| **DEPARTMENT** | \*\*Click to enter Department Name |

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| --- | --- |
| **COMMITTEE MEMBERS** | \*\*Click to enter all Committee Member Names |

**The employee will be evaluated by the DEPARTMENT PEER COMMITTEE in the following areas:**

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| 1. **TEACHING EFFECTIVENESS Due to COVID-19, Spring 2020 SPOT summaries are not required for submission. Spring 2020 SPOT summaries may not be considered in an evaluation unless a candidate explicitly chooses to include the SPOT summaries in their materials.**
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| \*\*Click to enter text |

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| 1. **SCHOLARLY AND CREATIVE ACTIVITIES**
 |
| \*\*Click to enter text |

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| 1. **UNIVERSITY / COMMUNITY SERVICE**
 |
| \*\*Click to enter text |

**Provide any recommendations for areas of improvement and/or overall comments here:**

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| **AREAS TO BE IMPROVED** |
| \*\*Click to enter text |

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| --- |
| **OVERALL COMMENTS** |
| \*\*Click to enter text |

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| **COLLEGE RTP COMMITTEE VOTING SUMMARY** | **AFFIRMATIVE VOTES** | **NEGATIVE VOTES** | **MINORITY****REPORT** |
| **REAPPOINTMENT** |  \*\*Enter vote  |  \*\*Enter vote  | \*\*Select |
| **TENURE ☐ EARLY** |  \*\*Enter vote  |  \*\*Enter vote  | \*\*Select |
| **PROMOTION ☐ EARLY** |  \*\*Enter vote  |  \*\*Enter vote  | \*\*Select |

[ ]  **I, Department Peer Review Committee Chair** \*\*Click to enter full name, **certify the members of the committee have collectively completed this review on** \*\*Click to select date.