**(BLUE FORM)**

***\*\*Form NOT To Be Used For Compensation Recommendation\*\****

**ELIZABETHTOWN COLLEGE: FACULTY EVALUATION**

Non Tenured Faculty, Promotion and Tenure Decisions

*Use back or additional sheets if necessary.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| Faculty Member Being Evaluated |  | Department |  | Date |

Please provide a response in each of the categories below, using the departments approved definition of the College's Standard Professional Expectations and the college policies regarding responsibilities of a faculty member and tenure/promotion.

A. Quality of Teaching and Advising: 1. Meets Expectations

2. Fails to Meet Expectations

Comment and Basis of Evaluation (Please provide evidence of degree of familiarity with individual's teaching methods and outcomes.)

Click here to enter text.

B. Quality of Scholarly and Professional Activity: 1. Meets Expectations

2. Fails to Meet Expectations

Comments and Basis of Evaluation (Please provide specific examples; indicate familiarity with individual's research, creative work, and/or publications, etc.)

Click here to enter text.

C. Quality of Service: 1. Meets Expectations

2. Fails to Meet Expectations

Comments and Basis of Evaluation (Please provide specific examples; indicate familiarity with quality of individual's service activities.)

Click here to enter text.

Complete only where applicable

Applicant for tenure: 1. Recommend Highly

2. Recommend

3. Do not Recommend

Applicant for promotion: 1. Recommend Highly

2. Recommend

3. Do Not Recommend

Applicant for contract renewal: 1. Recommend Highly

2. Recommend

3. Do Not Recommend

Comments:

Click here to enter text.

|  |  |  |
| --- | --- | --- |
| Evaluator: | Click here to enter text. | |
|  | (Please print) | |
|  |  | |
| Signature of Evaluator: | |  |
|  |  | |

Please return the completed form to your department chair.