Departmental Peer Evaluation Form
for Reappointment and Promotion

To be filled out by Departmental Review Panel (DRP)
(Based on the Documentation Submitted by the Candidate to APPC)

Name of Faculty Member __________________________ Date ____________
To be Evaluated __________________________
Evaluation to be used for:

☐ 1. Reappointment to a __________ year term.
☐ 2. Continuing Appointment
☐ 3. Promotion to

DEFINITION FOR RATING CATEGORIES

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 - Outstanding</td>
<td>Consistently exceeds performance expectations</td>
</tr>
<tr>
<td>3 - Highly Effective</td>
<td>Often exceeds the performance expectations</td>
</tr>
<tr>
<td>2 - Effective</td>
<td>Generally meets performance expectations. Employee may exceed expectations or needs improvement in some areas. Performance is at the expected and usual level.</td>
</tr>
<tr>
<td>1 - Needs Improvement</td>
<td>Does not always meet expectations. Immediate and substantive improvement in performance is required.</td>
</tr>
<tr>
<td>0 - Unsatisfactory</td>
<td>Fails to meet reasonable expectations. Immediate and substantive improvement in performance is required</td>
</tr>
</tbody>
</table>

A. Effectiveness in teaching. Rating __________________________
Narrative: __________________________________________

B. Scholarly ability and professional growth. Rating __________________________
Narrative: __________________________________________

C. Professional Service Rating __________________________
Narrative: __________________________________________

D. Summary Statement (include strengths and areas for improvement).
Narrative: __________________________________________

Overall Rating __________________________
Recommendation for Reappointment and/or Promotion:
Name __________________________________________________________________________________________

Is ☐ Is Not ☐ Recommended to reappointment to a __________ year term.
Is ☐ Is Not ☐ Recommended for continuing appointment
Is ☐ Is Not ☐ Recommended for promotion to the rank of

Peer Evaluation Team Signatures:

__________________________________________ Date ____________
__________________________________________ Date ____________

Total Votes Available: __________ Number in Support: __________ Number Not In Support: __________

I have read this evaluation. A statement is attached: Yes ☐ No ☐ ☐

Signed __________________________ Date ____________
Faculty Member __________________________