DEPARTMENTAL EVALUATION FORM

TEACHER____________________________   EVALUATOR________________________

Consideration

Rank:    _____ Assistant Professor _____ Associate Professor  _____ Professor
        _____ Assistant Librarian II  _____ Associate Librarian  _____ Librarian

Tenure:  _____ Three-year  _____ Permanent  _____ Post-tenure Review

Under Federal law, faculty members have the right to inspect their records, including letters of recommendations and evaluation. While the Rank and Tenure Committee considers all such letters with discretion and exercises as much confidentiality as permitted by law, the committee believes that letters written in complete confidentiality are of superior value in performance assessment. Therefore, the committee invites, but does not require, you to sign the following waiver (1); or you may expressly decline to do so (2).

1. I expressly waive any rights I might have to access this letter of evaluation/recommendation under Federal or State law, regulation, or policy.
   Date: ___________   Signature of Candidate: _______________________________________________

2. I do not agree to the above waiver.
   Date: ___________    Signature of Candidate: _______________________________________________

Please provide a letter evaluating the person's performance. The letter should address teaching, advising, professional development, scholarship, departmental collegiality, involvement with the campus and community, and any other matters pertinent to the faculty member's performance. A discussion of strengths and weaknesses will be very helpful, along with specific evidence for your conclusions and recommendation. The letter and this completed form should be sent to Academic Administration (or emailed to Academic.Administration@wallawalla.edu) no later than the first Monday in July.

In consideration of the comments made in my letter of evaluation, and the person's overall qualifications, I

Recommend _______  Recommend with reservations _______  Do not recommend _______

Comments: ________________________________________________________ ______________________________
____________________________________________________________________________ ___________________

I have assessed the views of the faculty in my department or school concerning this person's qualifications. Their recommendation is to (Record the number of votes):

# Recommend ______     # Recommend with reservations ______
# Undecided/Insufficient Info ______     # Do not recommend ______

Comments: ________________________________________________________ ______________________________
_______________________________________________________________________________________ ________

I have notified the faculty member of my recommendation, and have discussed the reasons for my decision. (Date discussed with the person being evaluated ________________)

Chair/Dean Signature ________________________________________

Date __________________________________________

Revised 4/2020