PEER EVALUATION FORM

TEACHER ______________________________ EVALUATOR ______________________________

Consideration

Rank: ____ Assistant Professor ____ Associate Professor ____ Professor
      ____ Assist 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 recommendation 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 to this letter of evaluation/recommendation under Federal or State law, regulation, or policy.
   Date: _____________________ Signature: __________________________________

2. I do not agree to the above waiver.
   Date: _____________________ Signature: __________________________________

INSTRUCTIONS

The Rank and Tenure Committee requests that the evaluation be based on first-hand observations of the person's teaching and other considerations including professionalism, contribution to the department and/or university, and interaction with students and peers. It is preferable that evaluations are based on observations of more than one class period and that the evaluator meet with the teacher both before and after the class visit to discuss objectives and results of the evaluation.

CLASS EVALUATION

Course Number/Title: ____________________________________________ Credits_______

Evaluations Date _____________ Students Present_________ Meeting Time____________
Evaluations Date _____________ Students Present_________ Meeting Time____________

KEY:  E = Excellent     VG = Very Good     G = Good     F = Fair     P = Poor

1. Organization of presentation:

 Comments __________________________

________________________________

________________________________
2. **Explanations of subject matter:**

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   Comments ______________________________________________________
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3. **Ability to present alternate explanation when needed:**

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4. **Use of examples and illustrations:**

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5. **Instructor’s enthusiasm:**

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   Comments ______________________________________________________
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6. **Student interest in presentation:**

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   Comments ______________________________________________________
   ______________________________________________________________
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7. Overall teaching effectiveness: E ( ) VG ( ) G ( ) F ( ) P ( )

Comments _________________________________________________________________

________________________________________________________________________

________________________________________________________________________

ADDITIONAL COMMENTS:

Considering the comments made above and the faculty member’s overall performance, my position is that the faculty member:

Exceeds expectations _______ Meets expectations _______ Does not meet expectations _______

Signature of Evaluator: ______________________________________________________

Date: ________________________________

Please return this form directly to Academic Administration (Academic.Administration@wallawalla.edu) no later than the first Monday in July.