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 in many instances letters written in complete confidentiality are of superior value in the assessment of a faculty member’s performance. 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 evaluator base the evaluation 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 preferred that the teaching evaluation be based on more than one class period and that the evaluator meet with the teacher both before and after the classroom visit to discuss objectives and results of the evaluation.

CLASS EVALUATION

Course Number/Title: _______________________________ Credits________________

Evaluations Date(s)  _______________ Students Present _________ Meeting Time__________

__________

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

1. Organization of presentation:

   E   VG   G   F   P
   ( ) ( ) ( ) ( ) ( )

Comments ____________________________________________________________

__________________________________________________________
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2. Explanations of subject matter:  
   
   Comments ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

3. Ability to present alternate explanation when needed:  
   
   Comments ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

4. Use of examples and illustrations:  
   
   Comments ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

5. Instructor's enthusiasm:  
   
   Comments ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

6. Student interest in presentation:  
   
   Comments ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________
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 the Rank and Tenure Committee no later than the first Monday in July.