(YELLOW FORM)

*\*\*Form NOT to be Used for Compensation Recommendation\*\**

**Elizabethtown College: Department Chair and Summary Evaluation**

Nontenured Faculty, Promotion and Tenure Decisions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |  |       |  |       |
| Faculty Member Being Evaluated |  | Department |  | Date |

Please summarize the department's evaluation of the individual named above. The guidelines for this evaluation are the department'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. Exceeds Expectations [ ]

 3. Fails to Meet Expectations [ ]

 Comment on Achievements:

 Areas in need of improvement and steps taken to ameliorate:

**B. Quality of Scholarly and Professional Activity:** 1. Meets Expectations [ ]  2. Exceeds Expectations [ ]

 3. Fails to Meet Expectations [ ]

 Comment on achievements: (*Please be specific*)

 Areas in need of improvement and steps to be taken to ameliorate:

**C. Quality of Service:** 1. Meets Expectations [ ]

 2. Exceeds Expectations [ ]

 3. Fails to Meet Expectations [ ]

 Comment on achievements: (*Please be specific*)

 Areas in need of improvement and steps to be taken to ameliorate:

 *(over or to page 2)*

**Chair's Independent Evaluation**:

**Department Summary Recommendations**  *(Complete only where applicable)*

Applicant for Contract Renewal: 1. Recommend Highly [ ]

 2. Recommend [ ]

 3. Do not Recommend [ ]

Applicant for Tenure: 1. Approve Highly [ ]

 2. Recommend [ ]

 3. Do Not Recommend [ ]

Applicant for Promotion: 1. Recommend Highly [ ]

 2. Recommend [ ]

 3. Do Not Recommend [ ]

*The chair will review with the individual being evaluated, who will sign and date below.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |  |  |  |       |
| Signature of faculty member |  |  |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |  |  |  |       |
| Signature of Chair |  |  |  | Date |

**Additional Comments**:

*Please return completed form to the Dean of Faculty.*