**(3/16)**

Chair’s Evaluation of Department Member

Instructions: Double-click on the gray blocks to enter information. Save under your own file name. Print, review with faculty member, sign and date, send hard copy to Jill Trostle, Dean of Faculty Office, no later than Friday, April 15, 2016. (Note: The evaluation must be reviewed with the faculty member and signed before the form is submitted to Dean of Faculty.)

**Name of faculty member:** Name of faculty member  Date

**Department:** Department name

**Evaluator:** Name of evaluator

I have reviewed this form: (Signature) Date of review: \_\_\_\_\_\_\_\_

Department Chair’s Signature:

**The department member has fulfilled Standard Professional Expectations (SPE) as checked below.**

**(Terms covered: Summer 2015, Fall 2015, Spring 2016.)**

**Teaching and Advising:** Meets SPE       Does not meet SPE

Basis for judgment: Enter paragraph here

**Scholarly and Professional Activities:** Meets SPE  Does not meet SPE

Basis for judgment: Enter paragraph here

**Service:** Meets SPE       Does not meet SPE

Basis for judgment: Enter paragraph here