SAGINAW VALLEY STATE UNIVERSITY
INDIVIDUAL EVALUATION REPORT

FACULTY EVALUEE: _____ **DEADLINE**: _____

CONSIDERATION:

*******Separate IERs are required for Promotion AND FOR Tenure – evaluators need to complete two IERs if evaluating a faculty member for both promotion and tenure *******

___ Promotion (PPC) **OR** ___ Tenure (PPC)

THIS REPORT COMPLETED BY:

_____ Dean

_____ Departmental Representative *(including department vote below)*

Departmental Vote (list number of votes):

Yes ____ No ____ Abstain ____

_____ Departmental Colleague (Colleague Name: _____)

_____ Non-Departmental Colleague (Colleague Name: _____)

_____ Pre-Tenure Evaluation Team

BASIS FOR THIS EVALUATION: *(Check as many as apply)*

_____ PPC File

_____ Personal Knowledge

_____ Discussion with Students

_____ Discussion with Colleagues

_____ Class Visitation

_____ Student Evaluations

_____ Other *(Please Explain)*

EVALUATOR: You are asked to rate your colleague according to the three criteria determined by the faculty contract. Please do this in two ways: (1) by indicating your best-informed judgment on the ten-point scale shown below, and; by supporting and explaining your ratings with brief, but specific comments as directed. If you feel that you cannot assess the evaluee in a given area, so indicate with reason in the space provided for written evaluation. Please forward the completed report to the appropriate committee by the deadline indicated above.

On the scales shown below indicate your judgment according to the following guidelines:

10 = Outstanding; 9 = Superior; 8 = Very good; 7 = Good; 6 = Acceptable (Marginal);
5 = Unacceptable (Marginal); 1-4 = Unacceptable; 0 = Insufficient Data

(Fractional scores to one decimal place may be used.) Scoring is relative to which decision is being considered (that is, promotion to the different ranks, tenure). Different decisions made regarding the same faculty member might result in different scores.

I. TEACHING PERFORMANCE. Please indicate your assessment of the quality and effectiveness of the evaluee's teaching:

0 1 2 3 4 5 6 7 8 9 10

WRITTEN EVALUATION/RATIONALE: (Must be completed.)

II. SCHOLARSHIP, RESEARCH AND PROFESSIONAL ACTIVITIES. Please indicate your assessment of the evaluee's activity in this area:

0 1 2 3 4 5 6 7 8 9 10

WRITTEN EVALUATION/RATIONALE: (Must be completed.)

III. UNIVERSITY SERVICE AND LEADERSHIP IN STUDENT ACTIVITIES. Please assess the evaluee's contributions in this area.

0 1 2 3 4 5 6 7 8 9 10

WRITTEN EVALUATION/RATIONALE: (Must be completed.)

IN THE SPACE PROVIDED BELOW, PLEASE PROVIDE A BRIEF STATEMENT OF RECOMMENDATION FOR THE ACTION UNDER CONSIDERATION.

NAME: _____ DATE: _____

SIGNATURE: _____ POSITION: _____