Department Name

Name: _____________________________  Rank: _____________________________  Date of Evaluation: _____________________________

Date of Appointment: _____________________________  Date of Last Promotion: _____________________________

Years of Service at WKU Through Current Year: _____________________________  Years of College Experience Prior to WKU: _____________________________

A. Teaching: No Rating ___  Critical ___  Poor ___  Satisfactory ___  Good ___  Excellent ___

   Summary:

B. Research/Scholarship: NR ___  Critical ___  Poor ___  Satisfactory ___  Good ___  Excellent ___

   Summary:

C. Service: NR ___  Critical ___  Poor ___  Satisfactory ___  Good ___  Excellent ___

   Summary:

D. Collegiality/Conduct: NR ___  Critical ___  Poor ___  Satisfactory ___  Good ___  Excellent ___

E. Post-tenure Review:

F. Progress on Goals/Goals for Upcoming Year:

G. Plan for Improvement (if necessary):

H. Signatures:

   This evaluation was discussed on ___/___/____ by:

   _________________________________ and _________________________________
   Department Head                 Faculty Member
   (Signature indicates only that faculty member has reviewed and discussed the evaluation with the department head. It does not necessarily indicate agreement with the evaluation.)

Sam Evans, Dean

Comments: