Evaluation Form Committee Chair

Initial Tenure, Tenure Renewal, Nontenure Continuing Reappointment, Initial Appointment to Nontenure Continuing, Promotion

	date Last Name: Candidate First Name: Name: Date:
Name	of Committee Chaired:
_	h of time you were chair while the faculty member be evaluated was a member of committee: One year Two years Three years Other:
1.	For each question listed below, select the appropriate rating that best reflects your view of the extent to which the faculty member meets expectations for the area of evaluation. SD Strongly Disagree D Disagree A Agree SA Strongly Agree
2.	After each category, please provide a brief comment in support of your appraisal with specific example as appropriate.
	When you have completed the form please save the form with the following file name protocol: CANDIDATE LAST NAME_Candidate first name CommChair Evaluation_ YOURINITIALS (Example: SMITH_Brian CommChair Evaluation_DST) E-mail the file to cas-academic-affairs@bethel.edu with the Subject: CommChair Evaluation: CANDIDATE NAME
the em	orm provides an opportunity for you to evaluate the performance of the colleague listed in ail message. For each question listed below, select the most the appropriate rating that best is your view of the extent to which the faculty member meets expectations for the area of

SD Strongly DisagreeD DisagreeA Agree

SA Strongly Agree

evaluation.

The faculty member and the P and T Committee Members have access to this evaluation.

Expectation	SD	D	A	SA
The faculty member was in regular attendance at committee meetings.				
The faculty member contributed to the work of the committee at an acceptable level.				
The faculty member interacted with the chair and other committee members in a collegial manner.				

Please note any significant contributions or pertinent difficulties related to working with this faculty member on the committee.