



Official Annual Faculty Evaluation Form

(For Fixed-Term Faculty)

Version 1

Faculty Member & Title: _____

College/Department: _____

Calendar Year: _____

Performance Standards: The scale goes from lowest to highest (0=egregiously deficient, 1=seriously deficient, 2=deficient, 3=meets expectations 4=exceeds expectations, 5=significantly exceeds expectations, exemplary). If a faculty member manifests deficiencies (any score below a 3 in any area), then an approved professional developmental plan to redress the deficiency must be attached.

Faculty Member has consistently followed TAMUS Policies and TAMIU Policies and Procedures: ____ Yes / ____ No

Teaching (Check one) ____ 0 ____ 1 ____ 2 ____ 3 ____ 4 ____ 5

Service (Check one) ____ 0 ____ 1 ____ 2 ____ 3 ____ 4 ____ 5

Teaching (Summary of Achievements): _____

Service & Leadership (Summary of Activities): _____

Areas for Professional Growth: _____

Faculty Member Response: _____

Dean Response: _____

Provost Response: _____

Faculty Member:

Chair:

Dean:

Provost:
