ANNUAL PERIODIC EVALUATION
COVER SHEET AND RECORD

Section A (to be completed by the FACULTY MEMBER):

Name: _______________________________________________________________

College: _______________________________________________________________

Department/School: ____________________________________________________

Period of Review: ______________________________________________________

I am submitting the following materials for evaluation:

☐ Peer Observation

☐ Course Materials

☐ Curriculum Vitae

☐ Other: ___________________________________________________________________

☐ Teaching or Counseling Evaluations (required if available)
  Teaching Assignments: (please list e.g. CHEM 101)

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<th>Spring</th>
<th>Summer (optional)</th>
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I acknowledge that this document will be placed in my Personnel Action File. _____ (Initials)

_________________________________________________________   ______________
Signature of Faculty Member        Date
Section B (to be completed by the DEPARTMENT PEER REVIEW COMMITTEE):

We have completed our review of your materials for annual periodic evaluation and rate your work:

☐ Satisfactory

☐ Unsatisfactory

Evaluation, including constructive suggestions for development:
Committees should not use language that promises future work; nothing in this section shall be construed as a promise of future work.

______________________________   ______________
Signature of Department Peer Review Committee Chair    Date
Section C (to be completed by the DEPARTMENT CHAIR/SCHOOL DIRECTOR):

I have completed my review of your materials for annual periodic evaluation and rate your work:

☐ Satisfactory

☐ Unsatisfactory

Evaluation, including constructive suggestions for development:

Chairs should not use language that promises future work; nothing in this section shall be construed as a promise of future work.

_________________________________________________________   _____________
Signature of Department Chair/School Director     Date
Section D – RESPONSE/REBUTTAL (to be completed by the FACULTY MEMBER):

Article 15.5: “The faculty unit employee may submit a rebuttal statement or response in writing and/or request a meeting be held to discuss the recommendation within ten (10) days following receipt of the recommendation.”

☐ I will not provide a Response/Rebuttal at this time.

☐ I elect to provide a Response/Rebuttal (in the space provided below).

________________________________________________________   _____________
Signature of Faculty Member        Date