

## Schedule F-2

### FACULTY EVALUATION FORM (TO BE COMPLETED BY PEERS AND ADMINISTRATORS)

Name of Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Evaluator: \_\_\_\_\_

Type of Evaluation:  Peer  
 Administrator

**Instructions:** Please describe in some detail the faculty member's performance in the following areas. Within each category, prompts are provided to help you in your evaluation. In addition to your descriptive summary, include your analysis of strengths and limitations.

#### Teaching/Nonteaching Assignment

Currency and depth of knowledge in discipline, effective course or nonteaching assignment organization, effective communication skills (including technology), and sensitivity to student diversity and special needs:

#### Responsibilities additional to Teaching/Nonteaching Assignment

Service and/or creative activities (college, professional, and/or community):

#### Professional Conduct

Values the diversity of ideas on campus, demonstrates respect to students and colleagues/staff, and follows ethical standards of the profession:

\_\_\_\_\_  
Faculty Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator Signature

\_\_\_\_\_  
Date