

COLLEGE OF EDUCATION AND BEHAVIORAL SCIENCES
ANNUAL FACULTY EVALUATION SUMMARY
September 1, 2008 to August 31, 2009

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: