

**SAGINAW VALLEY STATE UNIVERSITY  
INDIVIDUAL EVALUATION REPORT**

FACULTY EVALUEE: \_\_\_\_\_ DEADLINE: \_\_\_\_\_

**CONSIDERATION:**

**\*\*\*\*Separate IERs are required for Promotion AND FOR Tenure – evaluators need to complete two IERs if evaluating a faculty member for both promotion and tenure \*\*\*\***

\_\_\_ Promotion (PPC) **OR** \_\_\_ Tenure (PPC)

**THIS REPORT COMPLETED BY:**

\_\_\_\_\_ Dean

\_\_\_\_\_ Departmental Representative (*including department vote below*)

Departmental Vote (list number of votes):

Yes \_\_\_\_\_ No \_\_\_\_\_ Abstain \_\_\_\_\_

\_\_\_\_\_ Departmental Colleague (Colleague Name: \_\_\_\_\_)

\_\_\_\_\_ Non-Departmental Colleague (Colleague Name: \_\_\_\_\_)

\_\_\_\_\_ Pre-Tenure Evaluation Team

**BASIS FOR THIS EVALUATION:** (*Check as many as apply*)

\_\_\_\_\_ PPC File

\_\_\_\_\_ Personal Knowledge

\_\_\_\_\_ Discussion with Students

\_\_\_\_\_ Discussion with Colleagues

\_\_\_\_\_ Class Visitation

\_\_\_\_\_ Student Evaluations

\_\_\_\_\_ Other (*Please Explain*)

EVALUATOR: You are asked to rate your colleague according to the three criteria determined by the faculty contract. Please do this in two ways: (1) by indicating your best-informed judgment on the ten-point scale shown below, and; by supporting and explaining your ratings with brief, but specific comments as directed. If you feel that you cannot assess the evaluatee in a given area, so indicate with reason in the space provided for written evaluation. Please forward the completed report to the appropriate committee by the deadline indicated above.

On the scales shown below indicate your judgment according to the following guidelines:

10 = Outstanding; 9 = Superior; 8 = Very good; 7 = Good; 6 = Acceptable (Marginal);  
5 = Unacceptable (Marginal); 1-4 = Unacceptable; 0 = Insufficient Data

(Fractional scores to one decimal place may be used.) Scoring is relative to which decision is being considered (that is, promotion to the different ranks, tenure). Different decisions made regarding the same faculty member might result in different scores.

**I. TEACHING PERFORMANCE.** Please indicate your assessment of the quality and effectiveness of the evaluatee's teaching:

0    1    2    3    4    5    6    7    8    9    10

**WRITTEN EVALUATION/RATIONALE:** (Must be completed.)

**II. SCHOLARSHIP, RESEARCH AND PROFESSIONAL ACTIVITIES.** Please indicate your assessment of the evaluatee's activity in this area:

0    1    2    3    4    5    6    7    8    9    10

**WRITTEN EVALUATION/RATIONALE:** (Must be completed.)

**III. UNIVERSITY SERVICE AND LEADERSHIP IN STUDENT ACTIVITIES.** Please assess the evaluatee's contributions in this area.

0    1    2    3    4    5    6    7    8    9    10

**WRITTEN EVALUATION/RATIONALE:** (Must be completed.)

**IN THE SPACE PROVIDED BELOW, PLEASE PROVIDE A BRIEF STATEMENT OF RECOMMENDATION FOR THE ACTION UNDER CONSIDERATION.**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ POSITION: \_\_\_\_\_