

PROCESSING OF INDIVIDUAL EVALUATION REPORTS (IERS)

In keeping with the faculty contract F 2.4.4, the committee, through its chairperson, shall request that each candidate provide an Information Summary and shall request the completion of Individual Evaluation Reports (IERS) from the respective dean, from the department (reflecting a vote of the department, and signed by the department members acknowledging that the contents of the IER represent the position of the department), and up to three non-probationary faculty (chosen by the evaluatee) for each faculty member eligible for promotion and/or tenure. Please advise these individuals that a copy of each IER is to be sent to you for review and comment. It is your responsibility to meet the deadlines for these submissions with appeal possible to the next higher level if the responsible party does not meet the deadline. *Candidates for **Full Professor** note the requirements for classroom visitation in F.2.4.4 of the faculty contract.*

One copy of the Individual Evaluation Report (IER) is attached to this memo. You can make the number of copies needed.

October 12, 2009 - Each faculty candidate shall deliver all his/her Individual Evaluation Reports for **TENURE** to the Office of the Vice President for Academic Affairs (Wickes 338).

February 8, 2010 - Each faculty candidate shall deliver all his/her Individual Evaluation Reports for **PROMOTION** to the Office of the Vice President for Academic Affairs (Wickes 338).

SAGINAW VALLEY STATE UNIVERSITY

INDIVIDUAL EVALUATION REPORT

FACULTY EVALUEE: _____ **DEADLINE:** _____

CONSIDERATION:

_____ **Promotion (PPC)**

_____ **Tenure (PPC)**

THIS REPORT COMPLETED BY:

_____ Dean

_____ Departmental Representative (*including department vote*)

_____ Departmental Colleague

_____ Non-Departmental Colleague

_____ 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*)

DEPARTMENTAL VOTE: (*Where applicable*)

Yes _____ No _____ Abstain

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 judgement 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: _____