

**ANGELO STATE UNIVERSITY
FACULTY EVALUATION FORM
Tenured and Tenure-Track Faculty**

DATE _____

Faculty Member's Name _____

Department _____

Academic Rank ☐ Professor ☐ Associate Professor ☐ Assistant Professor

☐ Tenured ☐ Tenure-Track

Department Chair _____

EVALUATION SUMMARY	RATING
Teaching	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory, Improvement Needed <input type="checkbox"/> Unsatisfactory
Scholarly/Creative Activity	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory, Improvement Needed <input type="checkbox"/> Unsatisfactory
Leadership/Service	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory, Improvement Needed <input type="checkbox"/> Unsatisfactory
Overall	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Satisfactory, Improvement Needed <input type="checkbox"/> Unsatisfactory
Recommendation for Continuance (Tenured) or Reappointment (Tenure-Track)	<input type="checkbox"/> Yes <input type="checkbox"/> NO

Department Chair's Signature _____ Date _____

Faculty Member's Signature _____ Date _____

Faculty Member's Comments (Optional)

EVALUATION AREAS
<div>TEACHING</div>

Faculty Member's Name

HONORS, AWARDS, AND ACHIEVEMENTS

5

OTHER COMMENTS