

Angelo State University
Department of Nursing

FACULTY PEER EVALUATION

Faculty Name _____

Date _____

Please circle the number that best rates the faculty member's performance related to the statements below. Please feel free to more fully describe this person's abilities in the comment section at the end. For any rating of 2 or 1, please offer specific comments to describe behaviors. Thank you very much!

5 – Almost always, 4 – Frequently, 3 – Occasionally, 2 – Rarely, 1 – Never, 0 – Not observed or NA

The faculty member

Shares clinical expertise, academic knowledge, or helpful information with other faculty members	5	4	3	2	1	0
Offers assistance with departmental/committee tasks	5	4	3	2	1	0
Completes assigned tasks or activities by due date	5	4	3	2	1	0
Creates high quality work products	5	4	3	2	1	0
Contributes productively to team/committee efforts	5	4	3	2	1	0
Communicates honestly and directly with other faculty	5	4	3	2	1	0
Displays respect for other faculty	5	4	3	2	1	0
Demonstrates a pleasant, positive demeanor/attitude	5	4	3	2	1	0
Contributes to a harmonious, effective faculty environment	5	4	3	2	1	0
Seeks learning opportunities to remain current and competent	5	4	3	2	1	0
Seeks feedback on areas to improve	5	4	3	2	1	0
Is receptive to feedback	5	4	3	2	1	0
Makes efforts to improve performance	5	4	3	2	1	0
Overall rating	5	4	3	2	1	0

Thank you very much for your help. Please feel free to make additional comments.