

**FRANCIS MARION UNIVERSITY
ANNUAL FACULTY REVIEW AND EVALUATION**

On the form below, the individual faculty member should be assessed with respect to teaching, scholarly activities, and professional service, and make recommendations and/or comments which are appropriate. Use additional pages as needed.

Date:

Name:

Rank:

Department/School:

I. Assessment:

1. Teaching:
2. Scholarly Activities:
3. Professional Service:

II. Summarize the above in an over-all evaluative statement:

III. Overall Annual Performance Rating (1-4 scale):

___4 Highly Meritorious ___3 Meritorious ___2 Satisfactory ___1 Unsatisfactory

This evaluation was made on the basis of (check all appropriate items):

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td>Day-to-Day Observations</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td>Review of Course Syllabi</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td>Formal Student Evaluations</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td>Other (please list)</td></tr> </table>		Day-to-Day Observations		Review of Course Syllabi		Formal Student Evaluations		Other (please list)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td>Review of Student Performance</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td>Informal Student Evaluation</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td>Classroom Visitation(s)</td></tr> </table>		Review of Student Performance		Informal Student Evaluation		Classroom Visitation(s)
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	Review of Course Syllabi														
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The above evaluation was shared with me _____
Date *Signature of Faculty Member*

Submitted by: _____
Signature of Provost/Dean/Department Chair *Date*

Reviewed by: _____
Position *Signature of Reviewer* *Date*