**Instructions**

You have been asked to evaluate the performance of a colleague in five areas: Teaching, Scholarship *(Not Needed for Clinical Faculty)*, Clinical Practice *(Clinical Faculty Only)*, Service, Collegiality, and Faith Integration and also to make an overall recommendation.

1. For each question listed in the [*Guidelines for Department Review*](file:///Q:\AcadAffairs\Dept\Faculty%20Reviews\2025-2026%20Reviews\Updated%20Documents\Guidelines%20for%20Department%20Review%20Process_Init%20Ten,%20Long-term%20Clin%20Cont,%20Prom_3-13-2025.pdf) document, select the appropriate rating that best reflects your view of the extent to which the faculty member meets expectations for the area of evaluation.

Exceeds Expectations  Meets Expectations  Below Expectations

1. After you have completed your *Department Review* using the [*Guidelines for Department Review*](file:///Q:\AcadAffairs\Dept\Faculty%20Reviews\2025-2026%20Reviews\Updated%20Documents\Guidelines%20for%20Department%20Review%20Process_Init%20Ten,%20Long-term%20Clin%20Cont,%20Prom_3-13-2025.pdf) document, please complete and *submit this form only* for your evaluation, using one of the following file name protocols:

(In the example below, Brian Smith is the person being reviewed and Deb Sullivan-Trainor is the reviewer.)

* 1. **Department Chair:**

CANDIDATE LAST NAME\_Candidate first name Chair Evaluation\_YOUR INITIALS (Example: SMITH\_Brian Chair Evaluation\_DST)

1. Email the file to [cas-academic-affairs@bethel.edu](mailto:cas-academic-affairs@bethel.edu) with the SUBJECT: Peer (or Chair or ProgDirect) Evaluation: CANDIDATE NAME

**Candidate Last Name:**       **Candidate First Name:**

**Candidate is applying for:**

Initial Tenure  Reappointment (Pretenure)

Long-term Clinical Contract  Reappointment (Nontenure Continuing)

Tenure Renewal  Reappointment (Limited Term)

Long-term Clinical Contract Renewal

Reappointment (Initial Appointment to Nontenure Continuing)

Promotion to:  Assistant Professor  Associate Professor  Full Professor

**Your Name:**       **Date:**       **Your Department:**

**Departmental Recommendation**

The Department recommends this colleague for:

Initial Tenure  Reappointment (Pretenure)

Long-term Clinical Contract  Reappointment (Nontenure Continuing)

Tenure Renewal  Reappointment (Limited Term)

Long-term Clinical Contract Renewal

Reappointment (Initial Appointment to Nontenure Continuing)

Promotion to:  Assistant Professor  Associate Professor  Full Professor

Yes, with no reservations.

Yes, with the following reservations:

No, for the following reasons:

**Comment about overall recommendation:**