**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%3A%5CAcadAffairs%5CDept%5CFaculty%20Reviews%5C2025-2026%20Reviews%5CUpdated%20Documents%5CGuidelines%20for%20Department%20Review%20Process_Init%20Ten%2C%20Long-term%20Clin%20Cont%2C%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%3A%5CAcadAffairs%5CDept%5CFaculty%20Reviews%5C2025-2026%20Reviews%5CUpdated%20Documents%5CGuidelines%20for%20Department%20Review%20Process_Init%20Ten%2C%20Long-term%20Clin%20Cont%2C%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 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:**