

## PERIODIC EVALUATION FORM

Faculty Name:

Department:

Probationary Year:

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**Department RTP Committee Evaluation:** (Please comment briefly on how the faculty member is progressing toward their next Performance Review)

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Signature/Date

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Signature/Date

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Signature/Date

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**Department Chair Evaluation:** (Please comment briefly on how the faculty member is progressing toward their next Performance Review)

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Signature/Date

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**Academic Dean Evaluation:** (Please comment briefly on how the faculty member is progressing toward their next Performance Review)

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Signature/Date