

**EVALUATION FORM FOR  
SECONDARY FACULTY REAPPOINTMENTS IN BASIC SCIENCE DEPARTMENTS**

Evaluation Period:  
Name:

Department:  
Title:

A. In the preceding two academic years, this individual supported the department by (check all that apply)

- precepting/advising students
- providing/advising lab experience for students, graduate students, or post-docs
- lectures or other formal didactics for MSM students
- other active participation in this department's educational programs
- regular attendance at departmental meetings and conferences
- research collaboration
- contract or grant collaboration
- curriculum development or revision
- publication or other academic effort
- community or public service of benefit to MSM and its mission
- thesis committee member
- other (Specify)\_\_\_\_\_

B. To the best of my knowledge, this individual

	Yes	No	N/A/unknown
is effective in precepting, teaching and/or research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
treats students, staff with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
provides experience in an appropriate environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is a good role model	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
is in good standing in the academic community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. I recommend that this individual be:

- reappointed     not reappointed

D. Comments

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Member Signature

\_\_\_\_\_  
Date