**Form II: Peer Evaluation**

Prior to the Faculty Performance Evaluation Meeting, evaluation sitting committee members must provide a rating standard and rationale for each area below that reflects professional performance criteria listed in *Faculty Handbook Appendix 4, Section 8 and SLCC Policies and Procedures Chapter 4, 1.01, .*and goals from Form I: Faculty Goal Setting.

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Evaluation Period:  \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_** 

**Evaluation Sitting Committee Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **TEACHING**  (select one) | * Exceeds Standard Professional Performance * Standard Professional Performance * Below Standard Professional Performance | | |
| **Rationale** | | **Recommendations** | |
| **PROFESSIONAL ACTIVITY & DEVELOPMENT**  (select one) | * Exceeds Standard Professional Performance * Standard Professional Performance * Below Standard Professional Performance | | |
| **Rationale** | | | **Recommendations** |
| **SERVICE**  (select one) | * Exceeds Standard Professional Performance * Standard Professional Performance * Below Standard Professional Performance | | |
| **Rationale for College Service** | | | **Recommendations** |
| **Rationale for Community Service, if applicable** | | |

**Signature**

By signing below, I attest that I provide these evaluations and rational based on thoughtful review of evidence presented to me through teaching observation, the professional portfolio, and my own professional knowledge of the faculty member named above.

**Evaluation Sitting Committee Member Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**