

Form E

DPC EVALUATION of:

Office of VPAA (7/30/2020)

Eastern Illinois University

Use back of form to extend comments

as necessary or provide attachment.

Name _____

Department _____

Check applicable recommendation:

Evaluation for ☐ Retention

☐ Promotion

☐ Tenure

☐ Professional Advancement Increase

Evaluation of performance as compared with Evaluation Criteria for:

1. teaching/performance of primary duties:

2. research/creative activity:

3. service:

RECOMMENDATIONS

Retention Recommendation

Promotion Recommendation

P.A.I. Recommendation

Tenure Recommendation

☐ Positive

☐ Positive

☐ Positive

☐ Positive

☐ Negative*

☐ Negative*

☐ Negative*

☐ Negative*

☐ Not applicable

☐ Not applicable

☐ Not applicable

☐ Not applicable

*Reasons for negative recommendations must be explicitly stated in the evaluation.

A copy of this form is to be
supplied to the faculty member.

Date of Evaluation/Recommendation _____

Signature of DPC Chair _____

Please note that the completed evaluation will be placed in the employee's personnel file.