

Eastern Connecticut State University  
*Department Evaluation Committee—Professional Assessment*

Faculty Member \_\_\_\_\_ Rank \_\_\_\_\_

Department \_\_\_\_\_ Date \_\_\_\_\_

Pursuant to Article 4.12 of the *CSU-AAUP Collective Bargaining Agreement (CBA)*, the purpose of Professional Assessment is to measure the faculty member's (1) teaching effectiveness and/or primary professional function, (2) service to the Department and the University, and (3) scholarship and professional activity, in order to further the faculty member's professional growth.

The Department Evaluation Committee (DEC) may seek and use student opinion surveys and peer assessments, as provided by *CBA* Article 4.11.7 and by Senate Bill 03/04-1, Section IV, Matters Concerning Professional Assessment.

In order to assess the member's performance, the DEC provides narrative comments in each of the three areas of assessment. An additional page may be attached if more space is needed.

**Teaching effectiveness and/or primary professional function**

**Service to the department and university**

**Scholarship and professional activity in order to further the faculty member's professional growth**

**Conclusion**

***Members of the DEC***

_____ Signature (Chair of the DEC)	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date

Faculty Member \_\_\_\_\_ Rank \_\_\_\_\_

Department \_\_\_\_\_ Date \_\_\_\_\_

Your next professional assessment is scheduled for Fall 20 \_\_\_\_ .

You or the DEC may request an earlier professional assessment at any time. Professional assessments are done only in the fall of each year.

***Faculty Member's Review***

I have reviewed the DEC's professional assessment.  I have appended comments (optional).

\_\_\_\_\_  
Faculty member's signature Date

***Dean or Director's Review***

I have reviewed the DEC's professional assessment.

\_\_\_\_\_  
Dean or director's signature Date

***Academic Vice President's Review***

I have reviewed the DEC's professional assessment.

\_\_\_\_\_  
Vice President's signature Date

***President's Review***

I have reviewed the DEC's professional assessment.

\_\_\_\_\_  
President's signature Date