

# COMPREHENSIVE PERFORMANCE EVALUATION FORM

College of Arts and Sciences  
Texas Tech University

**Instructions to academic units:** Please type complete and specific information in each category. In the case of a faculty member whose performance is determined to be incompetent by both the peer evaluation committee and the unit administrator, include the complete dossier, along with a detailed explanation for the incompetent rating along with supporting documentation. For faculty who are determined to be performing competently by either the unit peer evaluation committee or the unit chair, only this form should be forwarded to the dean. Please send six copies of the completed form to the dean's office.

Name: \_\_\_\_\_ Department/Unit: \_\_\_\_\_

Rank/Title: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Date of awarding of tenure or most recent promotion in rank: \_\_\_\_\_

Date of most recent previous comprehensive performance evaluation: \_\_\_\_\_

Unit Peer Evaluation Committee: Please enter the findings of the committee with respect to the professional competence of the faculty member being evaluated. The committee consisted of the following persons: \_\_\_\_\_

\_\_\_\_\_ Competent      \_\_\_\_\_ Incompetent (supply documentation)      \_\_\_\_\_  
Signature of Committee Chair      Date

**Unit Administrator:** Please enter the findings of the Unit administrator with respect to the professional competence of the faculty member being evaluated.

\_\_\_\_\_ Competent      \_\_\_\_\_ Incompetent (supply documentation)      \_\_\_\_\_  
Signature of Committee Chair      Date

I have been informed of the finding made by the unit Peer Evaluation Committee and unit administrator.

\_\_\_\_\_  
Signature of Faculty Member      Date

**College of Arts and Sciences Comprehensive Performance Evaluation Committee:** Please enter the findings of the college comprehensive performance evaluation committee with respect to the professional competence of the faculty member being evaluated.

\_\_\_\_\_ Competent      \_\_\_\_\_ Incompetent (supply documentation)      \_\_\_\_\_  
Signature of Committee Chair      Date

## Dean's Response:

\_\_\_\_\_ Faculty member is found to be performing in a professionally competent manner, no action required.

\_\_\_\_\_ Faculty member is found to exhibit a pattern of incompetent performance. Indicate below the steps that have been taken to deal with the situation:

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\_\_\_\_\_  
Signature of Faculty Member      Date

\_\_\_\_\_  
Signature of Dean      Date