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**colleague Response Form**

Name of faculty candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Colleague Review Committee evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Today’s date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part I: RATINGS of DOMAINS *(****to be completed before the Contract Review Committee meeting)*

**Instructions:** Based on your review of the candidate’s dossier and insights gained during discussion by the colleague review committee, please (a) check the level of competence; (b) give narrative evidence to support your rating, and (c) indicate your level of support. *Respondents may choose to update Part I following the Contract Review Committee meeting if a new perspective is gained.*

**Evidence of Teaching**

* Not Achieved
* Competent
* Proficient
* Outstanding

**Rationale:**

**Evidence of Scholarship**

* Not Achieved
* Competent
* Proficient
* Outstanding

**Rationale:**

**Evidence of Service**

* Not Achieved
* Competent
* Proficient
* Outstanding

**Rationale:**

**PART II: Contract Renewal/Promotion** *(to be completed after the Contract Review Committee meeting)*

* I support the renewal of the contract because the faculty member continues to meet the level of competence required for his/her rank.
* I support the renewal of the contract with reservations.
* I do not support the renewal of the contract because the faculty member fails to achieve the necessary competence in the following areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* PROMOTION: I support the promotion to the rank of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_because the faculty member demonstrates the level of competence required for the requested rank.
* PROMOTION: I support, with reservations, promotion to the rank of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* PROMOTION: I do not support the promotion request because the faculty member fails to achieve the necessary competence in the following areas: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rationale:**

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Signature Date

Revised 9/11/19 BB