HAMILTON COLLEGE

ANNUAL REVIEW OF PHYSICAL EDUCATION FACULTY MEMBER

Due to the Dean of Faculty by April 1 Calendar Year: \_\_\_\_\_\_\_

| **Name of faculty member:**  |  |
| --- | --- |
| **Date of hire:** |  |
| **Date of first reappointment (if applicable):**  |  |
| **Date of meeting between faculty member and chairperson: (No later than March 1)** |  |

Department Chair: Please give evaluation below.

# Teaching:

1. **Coaching:**
2. **Additional Duties:**
3. **Service:**
4. **Role in the Department:**
5. **Professional Growth:**

Chair Date

Voting members for the next reappointment should also sign this review to indicate that they have seen it and have been consulted about its contents.

I have read this evaluation and received a copy.

Faculty Member Date

# Faculty member’s comments:

Rev: 1/24