

**CHICAGO STATE UNIVERSITY
COLLEGE OF NURSING
FACULTY PEER EVALUATION FORM
TEAM MEMBERSHIP**

FACULTY MEMBER _____ DATE: _____

TEAM _____

This form is to be used by faculty for peer evaluation. Please utilize the following rating scale to evaluate the faculty member on team membership:

A – SUPERIOR
B – SIGNIFICANT
C – HIGHLY EFFECTIVE
D – EFFECTIVE
E – SATISFACTORY
F – UNSATISFACTORY

1.	Collaborates with peers.	A	B	C	D	E	F
2.	Share responsibilities and tasks with peers.	A	B	C	D	E	F
3.	Shares professional activities with peers.	A	B	C	D	E	F
4.	Open to ideas of peers.	A	B	C	D	E	F
5.	Facilitates a collaborative atmosphere during team activities.	A	B	C	D	E	F
6.	Communicates effectively with peers regarding program objectives, retention and recruitment activities.	A	B	C	D	E	F
7.	Interacts in a professional and collegial manner with peers.	A	B	C	D	E	F
8.	Facilitates achievement of team membership.	A	B	C	D	E	F
9.	Abides by the team's decision.	A	B	C	D	E	F
10.	Provides leadership to peers.	A	B	C	D	E	F
11.	Attends scheduled team and departmental committee meetings regularly.	A	B	C	D	E	F
12.	Cooperates in planning ongoing review and revision of courses.	A	B	C	D	E	F
13.	Participates in teaching/learning activities as conducted by other team members.	A	B	C	D	E	F

Comments:

Faculty Peer Evaluator
Revised 2/2/07

Date