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 Date
Revised 2/2/07