**EVALUATION OF**

# FIVE-YEAR PLAN

(To be completed by evaluative entity)

**Name of Faculty Member**

**Evaluative Entity**  Department Chair

(Please check one) Ad Hoc Department Committee (If Necessary)

The Five-Year Plan for the upcoming review cycle satisfies departmental expectations, aligns with SUU’s mission, and promotes a developmental process for the individual faculty member.

 Yes No\*

If yes, provide additional comments (optional).

\*If no, please describe why the proposed Five-Year Plan for the upcoming year does not satisfy department expectations and/or SUU’s mission. Please include suggestions for revisions. The faculty member will collaborate with the P&T Mentorship Team to revise the plan appropriately.

\*Some contributions, especially in Scholarship and Service/Leadership, support SUU’s student-centered mission even when they do not directly relate to students. Faculty articulate how their contributions relate to SUU’s mission in the space above.