**Preface** – The following form should be used by the Athletic Department Evaluation Committee to issue their written evaluation and recommendation report for the renewal evaluation and recommendation for athletic trainers; and non-instructional athletic trainers applying for promotion in rank.

| Faculty Member: ________________________________ |
| Rank: __________________________________________ |
| Department: _____________________________________ |
| Academic Year 20____ - _____ |
| Evaluation Purpose\(^6\): ___________________________ |
| Overall Rating for Renewal of Defined Term Appointment\(^7\): ___________ |

**DEC Recommendation:** The DEC should provide their recommendation regarding either: 1) Renewal of Defined Term Appointment; or 2) Promotion in Rank.

\[^6\] Evaluation Purpose may be either 1) Annual Defined Term Appointment Renewal Evaluation; or 2) Promotion in Rank.

\[^7\] An overall rating of “Satisfactory”, “Marginal”, or “Unsatisfactory” should be provided for the annual defined term appointment evaluation. No overall rating is necessary for a promotion.
The DEC should identify strengths and weaknesses in narrative form for the following evaluation criterion and categories.

1. Article 6.9.1 Management of the health care of student athletes, including: risk management and injury prevention; recognition and evaluation of injuries/illnesses; injury treatment and disposition; rehabilitation; organization and administration of services; coordination of services with other sport medicine professionals; and their role educating and counseling student athletes.

2. Article 6.9.2 Demonstrated level of care and professionalism when interacting with student athletes.

3. Article 6.9.3 Record of continued educational growth and service to the profession.

4. Article 6.9.4 Productive service to the department and University.

5. Article 6.9.5 Years in Rank

We the undersigned members of the DEC, submit the attached written evaluation and recommendation. We certify that this report shall be distributed in accordance with the following distribution instructions.

Distribution Instructions: The Department Evaluation Committee shall make three copies of their written evaluation and recommendation (this form) with supporting reasons. The original copy of this form along with the written evaluation should be placed in the member’s personnel file. The second copy should be transmitted to the Athletic Director, and the third copy should be provided to the affected member upon issuance.

Printed Name          Signature          Date
Printed Name          Signature          Date
Printed Name          Signature          Date
Printed Name          Signature          Date

I, the subject of this evaluation, am signing this to indicate that I have received a copy of the Department Evaluation Committee’s written evaluation and recommendation. I may submit additional comments to the appropriate Director in accordance with the following schedule:

1st Year Appointees   Within three (3) calendar days after the DEC due date
2nd Year or Later Appointees   Within one (1) calendar week of the DEC due date
Tenure and Promotion Candidates   Within one (1) calendar week of the DEC due date

Signature: ___________________________ Date: ___________________________

Revised Senate R-03-02-02
Administrative Approval 4/17/03