

FULL-TIME PART-TIME

Evaluation Time Period: Spring 2017 and Fall 2017

NAME: _____

DEPARTMENT/SCHOOL: _____

COLLEGE: _____

RANK: _____

EMPLOYEE ID: _____

DATE OF LAST ANNUAL EVALUATION: _____

TIME BASE

SPRING 2017
 FALL 2017

TEACHING, SUPERVISION OR OTHER ASSIGNMENTS

<i>Spring 2017</i>	<i>FALL 2017</i>

1. TEACHING, SUPERVISION, OTHER WORK EFFECTIVENESS (Required for all Faculty. A box must be checked)

Commendable Good Satisfactory Needs Improvement Unsatisfactory

Comments (REQUIRED):

2. SERVICE TO THE STUDENTS AND/OR THE UNIVERSITY

(Required for Full-Time Faculty; Optional for Part-Time Faculty)

Commendable Good Satisfactory Needs Improvement Unsatisfactory

Comments (REQUIRED):

3. Additional Achievements, Qualifications, and/or Contributions (Optional for all Faculty)

- Commendable
 Good
 Satisfactory
 Needs Improvement
 Unsatisfactory

Comments

This 2017 evaluation is based on the ASA and the following sources of information:

- Student Evaluations
 Peer Observations
 Course Outlines, Tests, etc.
 Other (specify) _____

	I have read the evaluation. My signature indicates neither agreement nor disagreement with statements made.
Chair/Director Date	Faculty Date
<input type="checkbox"/> A faculty rebuttal was received and reviewed.	
College Dean Date	

Comments (if any, by Chair):

Comments (if any, by College Dean):