

Evaluation Time Period: _____ *Spring 2013 – Fall 2018* _____ *Spring 2016 – Fall 2018*

Name: _____ Dept./School: _____ College: _____

Time Base:

SPRING 2018	_____	FALL 2018	_____
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 Date Reviewed PAF:

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This cumulative evaluation is based on the following sources of information:

Student Evaluations <i>(identify course and semester)</i>	
Peer Observations <i>(identify dates of observation)</i>	
Annual Evaluations <i>(identify years)</i>	Annual Summary of Achievements <i>(identify years)</i>
<input type="checkbox"/> 2013 <input type="checkbox"/> 2016 <input type="checkbox"/> 2014 <input type="checkbox"/> 2017 <input type="checkbox"/> 2015 <input type="checkbox"/> 2018	<input type="checkbox"/> 2013 <input type="checkbox"/> 2016 <input type="checkbox"/> 2014 <input type="checkbox"/> 2017 <input type="checkbox"/> 2015 <input type="checkbox"/> 2018

<p>Administrator Decision / Comments:</p> <p><input type="checkbox"/> Satisfactory</p> <p><input type="checkbox"/> Not Satisfactory</p> <p>Comments <i>REQUIRED</i> for "Not Satisfactory"</p>
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Administrator Signature

Print Name

Date

Faculty Member: I have read the evaluation. My signature indicates neither agreement nor disagreement with statements made.

Faculty Member Signature

Print Name

Date