

FULL-TIME  PART-TIME

*\*Evaluation Time Period: Spring 2016 and Fall 2016*

NAME: \_\_\_\_\_

DEPARTMENT/SCHOOL: \_\_\_\_\_

COLLEGE: \_\_\_\_\_

RANK: \_\_\_\_\_

EMPLOYEE ID: \_\_\_\_\_

DATE OF LAST ANNUAL EVALUATION: \_\_\_\_\_

**TIME BASE**

SPRING 2016  
 FALL 2016

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**TEACHING ASSIGNMENTS**

| <i>Spring 2016</i> | <i>FALL 2016</i> |
|--------------------|------------------|
|                    |                  |
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|                    |                  |
|                    |                  |
|                    |                  |
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**1. TEACHING EFFECTIVENESS**

Commendable     Good     Satisfactory     Needs Improvement     Unsatisfactory

**Comments (REQUIRED):**

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**2. SERVICE TO THE STUDENTS AND THE UNIVERSITY**

Commendable     Good     Satisfactory     Needs Improvement     Unsatisfactory

**Comments (REQUIRED):**

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**Non-Applicable**

**3. Additional Achievements, Qualifications, and/or Contributions (Optional)**

Commendable     Good     Satisfactory     Needs Improvement     Unsatisfactory

**Comments**

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*This 2016 evaluation is based on the ASA and the following sources of information:*

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

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

**Comments (if any, by Chair):** \_\_\_\_\_

**Comments (if any, by College Dean):** \_\_\_\_\_