

*Evaluation Time Period:

Spring 2011 – Fall 2016

Spring 2014 – Fall 2016

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

Time Base:

SPRING
2016

FALL
2016

Date Reviewed PAF:

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

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|--|------|------|--|------|------|
| Student Evaluations <i>(identify course and semester)</i> | | | | | |
| Peer Observations <i>(identify dates of observation)</i> | | | | | |
| Annual Evaluations <i>(identify years)</i> | 2011 | 2014 | Annual Summary of Achievements <i>(identify years)</i> | 2011 | 2014 |
| | 2012 | 2015 | | 2012 | 2015 |
| | 2013 | 2016 | | 2013 | 2016 |

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|---|
| <p>Administrator Decision / Comments:</p> <p>Satisfactory</p> <p>Not Satisfactory</p> <p>Comments <i>REQUIRED</i> for <i>"Not Satisfactory"</i></p> |
|---|

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