

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):