

FULL-TIME PART-TIME

Evaluation Time Period: Spring 2019 and Fall 2019

NAME: _____

DEPARTMENT/SCHOOL: _____

COLLEGE: _____

RANK: _____

EMPLOYEE ID: _____

DATE OF LAST ANNUAL EVALUATION: _____

TIME BASE

SPRING 2019

FALL 2019

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TEACHING, SUPERVISION OR OTHER ASSIGNMENTS

SPRING 2019

FALL 2019

Recommendation below by: Chair Committee-Required if full-time faculty (Chair may comment on next page or attach this section of a second form.)

1) ACADEMIC ASSIGNMENT: TEACHING, SUPERVISION, AND/OR OTHER WORK (Required, a box must be checked)

Commendable Good Satisfactory Needs Improvement Unsatisfactory

Comments (REQUIRED)

2) SERVICE TO STUDENTS, UNIVERSITY, PROFESSION (Required only if applicable to assignment.)

Not Rated Commendable Good Satisfactory Needs Improvement Unsatisfactory

Comments (Required only if rated above.)

