

Reviewers **Comments** (formative optional with "Satisfactory," reasons required for "Unsatisfactory")

Department Committee <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory*	
Department Chair (if not on committee) <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory*	
Administrator Decision/Comments: <input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory*	

*Comments REQUIRED for "Not Satisfactory"

 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