

APPENDIX C-4b.1: FACULTY EVALUATION REPORT –

TEMPORARY FULL-TIME FACULTY

Use this form for evaluation of all **temporary** (full-time, one-year, employed by contract) faculty members. The form is available from Human Resources in electronic, fill-in-the-blank format.

Faculty Member (Evaluatee): _____

Current Assignment: _____

For the period of _____ to _____

Evaluation Sources Employed: (**Attach documentation**)

Immediate Administrator: _____

Peer Participants: _____ and _____

Other Sources Employed: (**Check all that apply**)

Self-Evaluation

Student Appraisals

Other (**Describe**): _____

Findings (**Attach narrative**)

Satisfactory

Satisfactory (with recommendations for improvement)

Unsatisfactory

Signatures (*Signatures of evaluatee, peer participants and Vice President of Instruction or Vice President of Student Learning indicate that they have read and discussed this report*)

Immediate Administrator _____ Date _____

Peer Participant _____ Date _____

Peer Participant _____ Date _____

Vice President _____ Date _____

Faculty Member (Evaluatee) _____ Date _____

The faculty member (evaluatee) shall have up to ten (10) working days to prepare and file a written response.