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 evaluate, 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.