



LECTURER NAME	
DEPARTMENT	
SEMESTERS EVALUATED	
TIME BASE	Spring Fall
APPOINTMENT TYPE	<input type="checkbox"/> Semester/Academic Year <input type="checkbox"/> Three Year Contract (Year 2)

PART I: Department

Teaching Assignments - Spring	Teaching Assignments - Fall

Summary and interpretation of student evaluations:

2) Instructional Materials and/or Other Professional Performance

Review information and materials relevant to instruction, such as syllabi, outlines, handouts and other course materials. Evidence of merit or constructive comments for improving instructional material are permissible in all rating categories, but suggestions for improvement are required for "Needs Improvement" and "Unsatisfactory". *Check the appropriate box.*

Outstanding	Very Good/Commendable	Satisfactory	Needs Improvement <i>(Comments must be provided)</i>	Unsatisfactory <i>(Comments must be provided)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				

3) Overall Rating of Teaching Performance and/or Other Professional Performance

Consider such factors as competence in the discipline, ability to communicate ideas effectively, versatility and appropriateness of teaching techniques, organization of course, methods of evaluating student achievement, relationship with students in class, accessibility to students and effectiveness of student consultations, timeliness and appropriateness of grading, and other factors relating to performance as a teacher. Peer observation (classroom visits) and peer input (identified by name) may be used. Evidence of merit or constructive comments for improving performance are permissible in all rating categories, but suggestions for improvement are required for "Needs Improvement" and "Unsatisfactory". *Check the appropriate box.*

Outstanding	Very Good/Commendable	Satisfactory	Needs Improvement <i>(Comments must be provided)</i>	Unsatisfactory <i>(Comments must be provided)</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments				

Committee Members' Signatures

Committee Member Signature	Print Name	Date

Signature of Department Chair

Signature	Print Name	Date

To be completed by Department Chair:

Date sent to Lecturer _____ NOTE: 10 Day Rebuttal period

Date sent to Dean _____

☐ Separate Department Chair Evaluation provided. (If applicable, attached)

PART II: Dean/Administrator

Review by Dean/Administrator	
I have read the above evaluation, corresponding documents and rebuttals (if any) and I agree with it.	<input type="checkbox"/>
I have read the above evaluation and I have added further evaluative statements below.	<input type="checkbox"/>

Additional comments by Dean/Administrator

Dean/Administrator Signature	Print Name	Date

To be completed by Dean:

Original: Date sent to Academic Personnel _____

Copies: Date sent to Lecturer _____ NOTE: 10 Day Rebuttal period

Date sent to Dept Chair _____