

Summary Evaluation Form for Faculty

2/24/09

Evaluatee: _____ Date of hire: _____ Evaluation Sem/year: _____

Check Faculty Status: Regular Full-time Faculty Probationary Faculty Emeritus Part-Time Faculty Part-time Faculty

Check here if the Part-time Faculty has Staffing Preference:

Summary of previous evaluation, if applicable

Summary of student evaluations – attach summary sheet

Summary of classroom/workplace observation – attach individual reports

Summary of self-evaluation – attach self evaluation form

Criteria-related input from dept. chair and/or dean

Evaluatee comments – attach a separate sheet if necessary

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Level of Performance (Check one) – To be completed by Chair of Evaluation committee

Consistently High Ratings – has a majority “yes” scores on Part 1 of classroom observation form (COF) and a majority of ratings that are a 4 or 5 in both Part 2 of the COF and the student evaluation form (SEF).

Satisfactory Performance – has a majority of “yes” scores on Part 1 of COF and a majority of ratings that are 3, 4, or 5 in both Part 2 of the COF and the SEF.

Needs Improvement– has either a majority of “no” on Part 1 of COF or a majority of ratings that are a 3 or below in both Part 2 of the COF and the SEF.

Unsatisfactory Performance – has a majority of “no” scores on Part 1 of COF and a majority of ratings below 3 in both the COF and the SEF.

_____ Signature of Evaluatee – (signature indicates receipt but not necessarily agreement)	_____ Date
Signature of Evaluation Committee Members: (Size of Committee is determined by faculty status)	
_____ Chair /Evaluator	_____ Date
_____ Committee Member	_____ Date
_____ Committee Member	_____ Date
This box only applies to Probationary Faculty Recommendation (To be completed by college president)	
<input type="checkbox"/> Grant Tenure <input type="checkbox"/> Continue in Probationary Status <input type="checkbox"/> Termination of Service	
President _____	Date _____
Chancellor _____	Date _____