

DEAN/RESPONSIBLE ADMINISTRATOR'S ASSESSMENT OF
NON-TEACHING RESPONSIBILITIES FORM

CLASSROOM/ONLINE FACULTY

College: _____ Division: _____
Academic year of evaluation _____ Semester: _____
Name of evaluatee: _____
Name of evaluator: _____

1. Evaluatee participates constructively in Division and Department meetings and other activities related to area of responsibility. (Optional for adjunct faculty.)
2. Evaluatee participates constructively on College-wide committees. (Optional for adjunct faculty.)
3. Evaluatee submits grades and other information in a complete, accurate, and timely manner.
4. Evaluatee collaborates well with and is respected by faculty, staff, and students.
5. Evaluatee fulfills professional responsibilities.
6. Evaluatee participates in professional growth activities.

DEAN/RESPONSIBLE ADMINISTRATOR'S COMMENTS:

I have met with the evaluatee and discussed my assessment.

Signed: _____ Date: _____
Dean/Responsible Administrator

EVALUEE COMMENTS:

I have met with the Dean/Administrator and discussed the Assessment.

Signed: _____ Date: _____
Evaluate

ADDITIONAL COMMENTS: