

EVALUATION SUMMARY
ADJUNCT FACULTY

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

PART I: (to be completed by the Evaluator(s))

Overall performance rating

- A. Exceeds expectations.
- B. Meets expectations.
- C. Needs improvement. (Improvement plan required. See Improvement Plan form.)
- D. Is unsatisfactory.

EVALUATOR COMMENTS:

I have met with the evaluatee and discussed the contents of the evaluatee's classroom observation, student evaluations, portfolio review, self-assessment, and Dean/Responsible Administrator's assessment of non-teaching responsibilities reports.

Signed: _____ Date: _____
Evaluator

PART II: (to be completed by the Evaluatee):

EVALUEE COMMENTS:

I have met with the evaluator and discussed the contents of my classroom observation, student evaluations, portfolio review, self-assessment, and Dean/Responsible Administrator's assessment of non-teaching responsibilities reports.

Signed: _____ Date: _____
Evaluatee

ADDITIONAL COMMENTS: