

03
CLASSROOM ONLINE FACULTY
DEAN'S ASSESSMENT

**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 in Division and Department meetings and other activities related to area of responsibility. (*Optional for adjunct faculty.*)

2. Evaluatee participates in College committees and the campus educational community. . (*Optional for adjunct faculty.*)

3. Evaluatee submits grades, reports, and/or other information in a complete, accurate, and timely manner.

4. Evaluatee collaborates well with members of the campus community and upholds the mission and values of the College.

5. Evaluatee fulfills professional responsibilities.

6. Evaluatee participates in professional growth activities.

OVERALL PERFORMANCE RATING

- A. Exceeds Expectations
- B. Meets Expectations
- C. Needs Improvement (Refer to Appendix G.)
- D. Unsatisfactory (Refer to Appendix G.)

DEAN/RESPONSIBLE ADMINISTRATOR'S COMMENTS:

I have met with the evaluatee and discussed my assessment.

Signed:

Dean/Responsible Administrator

Date: