**SUMMARY EVALUATION FORM FOR TERM/PER-COURSE FACULTY**

**TO BE COMPLETED BY SUPERVISING DEAN OR DEPARTMENT CHAIR**

**Term/Per-course Faculty Name and ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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|  Exceeds expectations Meets Expectations | Student evaluations and classroom observation (if applicable) indicate exceptional performance. The faculty member is eligible for continued employment.Student evaluations and classroom observation (if applicable) indicate satisfactory performance. The faculty member is eligible for continued employment. |
|  Needs to improve | Student evaluations and classroom observation (if applicable) indicate satisfactory performance, but point to a need for improvement in some aspects of instruction. The faculty member may be eligible for continued employment, with careful supervision. |
|  Unsatisfactory performance | Student evaluations and classroom observation (if applicable) indicate unsatisfactory performance. The faculty member is not eligible for continued employment. |
| Comments & Observations |

Dean or Department Chair Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President of Academic Affairs Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_