

BASIC AND COMPREHENSIVE EVALUATION SUMMARY FORM FOR ALL FACULTY

Name of Faculty Member: _____ Employee #: _____
 Discipline: _____ Department: _____ College: _____
 Evaluation Type: Basic Comprehensive
 Status: full time regular faculty
 tenure track contract faculty
 (Select: B-1 B-2 B-3 (year: 3or 4)
 limited (including PACE) or long term substitute
 adjunct faculty

A. Professional Qualities

Professionalism	Exceeds Expectations	Meets Expectations	Needs Improvement
1. Keeps current in discipline.			
2. Interacts or communicates with peers.			
3. Accepts constructive criticism well.			
4. Maintains adequate and appropriate records.			
5. Submits grades and/or other required information on time.			
6. Attends required meetings.			
7. Is regularly available to students.			
8. Fulfills professional development responsibilities.			

Sources: (state sources of data)
 Narrative assessment: (insert comments in text box or attach separate piece of paper)

Professional Responsibilities	Exceeds Expectations (Evidence Provided)	Meets Expectations (Evidence Provided)	Needs Improvement
9. (For All Faculty) Participates in the Student Learning Outcomes Assessment Cycle (for classroom faculty, includes approved SLOs on class syllabi.)			
10. (For Full Time Faculty Only) Makes appropriate contribution to the college by serving effectively on a committee, projects, special assignments, etc.			
11. (For Full Time Faculty Only) Makes appropriate contributions to the discipline/department and assumes an appropriate share of faculty responsibilities			

Sources: (state sources of data)
 Narrative assessment: (insert comments in text box or attach separate piece of paper)

Attach appropriate form for Section B. Complete Sections C and D.

C. Overall Evaluation Satisfactory Needs to improve Unsatisfactory

D. Recommendations:

Insert comments in text box or attach a separate piece of paper.

(Select signature section below based on the type of evaluation completed)

Comprehensive Evaluation or Tenure Review—Peer Review Committee Signatures Required as per Article 19 and 42

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Print Name _____ Signature _____ Date _____

Basic Evaluation for full-time or adjunct faculty—Evaluator Signature (Department Chair or Designee) Required

Print Name _____ Signature _____ Date _____

Evaluee Signature Required for Basic and Comprehensive Evaluations

I have received a copy of this evaluation but my signature does not necessarily indicate my agreement. I understand that any written statement I forward to the Division of Human Resources regarding this evaluation will be attached to the copy, which is filed there.

Print Name _____ Signature _____ Date _____

If your Basic Evaluation is “less than satisfactory” you may be entitled to request a comprehensive evaluation as per Article 19.