

FACULTY APPRAISAL REPORT SUMMARY

Name _____ Job Title Faculty Instructor Review Period 2017 - 2018

Department _____

The ratings which follow describe performance in areas of responsibility as described in the appropriate position description, the individual action plan, faculty profile, and statement of responsibilities.

Category		Exceeds Performance Standards	Meets Performance Standards	Needs Improvement of Performance Standards	Unacceptable Performance
I	Teaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
II	Service to College Community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
III	Professional Growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV	Civility/Interpersonal Qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V	Review of Classroom Observations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VI	Review of Student Evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VII	Review of CAO & Dept. Chair Evals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VIII	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Supervisor Comments:

Faculty Comments:

Overall Performance Evaluation: Exceeds Standards of Performance Meets Standards of Performance
 Below Standards of Performance Unacceptable Performance

Supervisor _____ Date _____ President _____ Date _____

Vice President _____ Date _____ Faculty Member _____ Date _____