

# FULL TIME LECTURER INITIAL OR PERIODIC EVALUATION SUMMARY

Full Time Lecturer's Name: \_\_\_\_\_ EID: \_\_\_\_\_

Each DH / SD must complete this form and attach a written narrative summary explaining the evaluation efforts conducted, their individual results and the qualitative basis for the ratings assigned. Written results of the evaluation must be returned to the Employee no later than April 1st.

Please check one:

\_\_\_\_\_ Initial Eval. (1<sup>st</sup> year)

\_\_\_\_\_ Periodic Eval. (every 2<sup>nd</sup> and 4<sup>th</sup> year)

## A. INSTRUCTIONAL EFFECTIVENESS

Annual Activity Reports:

Exceeds Expectations \_\_\_\_\_

**(Not required for 1<sup>st</sup> year Initial Evals)**

Meets Expectations \_\_\_\_\_

Does Not Meet Expectations \_\_\_\_\_

Student Evaluations:

Exceeds Expectations \_\_\_\_\_

Meets Expectations \_\_\_\_\_

Does Not Meet Expectations \_\_\_\_\_

Classroom Observations:

Exceeds Expectations \_\_\_\_\_

Meets Expectations \_\_\_\_\_

Does Not Meet Expectations \_\_\_\_\_

Course Materials:

Exceeds Expectations \_\_\_\_\_

Meets Expectations \_\_\_\_\_

Does Not Meet Expectations \_\_\_\_\_

RECOMMENDATION (check only one):

Reappoint \_\_\_\_\_

Remediation Plan Recommended \_\_\_\_\_

Do Not Reappoint \_\_\_\_\_

\_\_\_\_\_  
DH/SD

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

*Please forward this form and materials to the Office of the Assistant Vice President of Academic Affairs in Academic Human Resources.*