

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 15th.

Please check one:

_____ Periodic Eval. (4th semester of initial appointment)

_____ Periodic Eval. (5th year after promotion to Associate Full Time Lecturer and every 5 years thereafter)

A. INSTRUCTIONAL EFFECTIVENESS

Annual Activity Reports:

Exceeds Expectations _____

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 _____

Do Not Reappoint _____

Remediation Plan Recommended _____

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.