

FULL-TIME LECTURER PROMOTION OR SALARY ADJUSTMENT RECOMMENDATION SUMMARY

Lecturer's Name: _____ EID: _____
First Name Last Name

Promotion from:

- _____ Assistant Full-Time Lecturer to Associate Full-Time Lecturer
- _____ Associate Full-Time Lecturer Senior Full-Time Lecturer
- _____ Senior Full-Time Lecturer Salary Adjustment

Each DH|SD must complete this form and attach a written narrative 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 1.

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: _____

Self-Evaluation: Exceeds Expectations: _____

Meets Expectations: _____

Does Not Meet Expectations: _____

Extraordinary Achievement (Optional): Exceeds Expectations: _____

Meets Expectations: _____

Does Not Meet Expectations: _____

RECOMMENDATION (check only one):

1. Promote _____

2. Do not promote _____

3. Award Salary Adjustment _____

DH/SD Date Applicant Date

Dean* Date

*Dean's signature indicates that materials have been seen.