

# PART TIME LECTURER INITIAL OR PERIODIC EVALUATION SUMMARY

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

Each DH / SD must complete this form and attach a written narrative summary explaining the ratings assigned. Written results of the evaluation must be returned to the Employee by the end of the semester in which the evaluation was submitted.

Please check one:

\_\_\_\_\_ Initial Eval. (by end of 2<sup>nd</sup> semester of employment)

\_\_\_\_\_ Periodic Eval. (every 4<sup>th</sup> year following Initial Eval.)

## A. INSTRUCTIONAL EFFECTIVENESS

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.*