**FULL TIME LECTURER INITIAL OR PERIODIC**

**EVALUATION SUMMARY**

**Lecturer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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.

Please check one:

\_\_\_\_ Initial Evaluation (1st year) \_\_\_\_ Periodic Evaluation (2nd and every 4th year)

A. INSTRUCTIONAL EFFECTIVENESS

Annual Activity Reports: Exceeds Expectations \_\_\_\_

**(not required for 1st 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 \_\_\_\_

B. RECOMMENDATION (check only one)

1. Reappoint \_\_\_\_\_\_

2. Remediation Plan Recommended \_\_\_\_\_\_

3. Do not reappoint \_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

DH/SD Date Applicant Date

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