**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 2nd sem. of employment)

\_\_ Periodic Eval. (every 3rd year or the 4th semester (whichever is later) following an Initial Eval or last Periodic 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 \_\_\_\_

B. RECOMMENDATION (check only one)

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

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

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

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

DH/SD Date Employee Date