

Associate Faculty Summary Evaluation Report

Unit Members Name: Campus:

Discipline:

Course (s):

First Semester Evaluation
 Regular Evaluation
 Additional Evaluation
 Fall
 Spring
 Year:

REQUIRED DOCUMENTS - Attach the following documents to the completed summary evaluation report.

Peer Evaluation/Observation: **Comments:**
 Student Evaluations: **Comments:**
 Self Evaluation: **Comments:**
 Syllabi: On file in the office of Instruction **Comments:**

Evaluation Summary:

EVALUATION SUMMARY OVERALL RATING:
Any "needs improvement" rating will require a written explanation and improvement plan

Note: Please list overall strengths and areas in need of improvement/corrective action (if any) to be taken by unit member.

Comments:

Administrator Signature: _____ **Date:**

UNIT MEMBER ACKNOWLEDGEMENT:
 I have reviewed this report and I understand my signature below does not necessarily indicate agreement. I have the opportunity to respond in writing to the evaluation report. My response must be submitted to the District within two weeks of receipt of the evaluation report. The evaluation and written responses (if any) will be included in my personnel file. Please sign and return to the Dean:

Unit Members Signature: _____ **Date:**