

OVERALL PERFORMANCE FORM

Faculty Member _____

Department/ Division _____

Evaluator/Title _____

Semester of Evaluation _____

Please describe succinctly the strengths of the faculty member's performance based on the Standards of Instructional Excellence (Appendix A), the Guidelines for Performance Standards and Indicators (Appendix B) and the overall professional responsibility of the teaching faculty.

If observed, please describe succinctly the areas of the faculty member's performance needing improvement. The areas should relate to the Standards in Appendix B.

Overall Rating

Satisfactory

Adequate, but needs improvement

Unsatisfactory

Recommended Rating: _____

signature of faculty member

Signature of evaluator

Date