

NON-TENURE-TRACK FACULTY EVALUATION FORM

Faculty Name:				
Semesters of Review:				
Department (formerly BO	Dept. Chair (or equivalent):			
Conservatory/School:	Chair/Director:			
	ulty member has completed two consecutive semesters of employment, her/his performance is to be as, as applicable. Criteria for evaluating librarianship and teaching are explained on pages 5 and 17-ectively.			
	nould represent the shared judgment of the Dept Chair (or equivalent) and School/Conservatory In case of disagreement in any area or on the overall assessment, comments are required explaining both			
*For every negative assessment necessary.	nt ("Does Not Meet Standards" or "Below Average"), comments are required. Attach other sheets as			
1. Quality of Librarianship (R Exceeds Standards Comments:	eference Svcs, Instruction, Collection Development & Management, Tech Svcs, etc.) Meets Standards Does Not Meet Standards* Not Applicable			
2. Quality of Syllabi ☐ Exceeds Standards Comments:	□ Meets Standards □ Does Not Meet Standards*□ Not Applicable			
3. Student Evaluations (Quant Exceeds Standards Comments:	itative Ratings & Qualitative Comments) □ Meets Standards□ Does Not Meet Standards*□ Not Applicable			
4. Percentage of Students Co □ Above Average □ Avera Comments:				

5. Omer contractourly kele	vant Activities (Special Projects, Community Service, e	erc.)		
☐ Exceeds Standards				
Describe any other activities that are specified in or relevant to the faculty member's contract, and comment on her/his performance of those activities, as appropriate:				
	endance, Timeliness, Adherence to College Policies, e			
☐ Exceeds Standards	☐ Meets Standards☐ Does Not Meet Standards*	'LI Not Applicable		
Comments:				
7. Overall Assessment				
☐ Exceeds Standards	☐ Meets Standards ☐ Does Not Meet Standards*	•		
Comments:				
After assessing the faculty m	ember in the areas above, the Department Chair and t	he School/Conservatory Chair/Director or Dean		
	to the Provost, who determines whether the faculty men			
and recommendation do not				
Department Recommendat	D D			
	ion: Renew year(s)	☐ Do Not Renew		
	on: Renew year(s)	☐ Do Not Renew		
-	: year(s)			
-				
Department Chair Signature				
Department Chair Signature				
Department Chair Signature				
Department Chair Signature Comments:	:	Date:		
Department Chair Signature	:			
Department Chair Signature Comments: Chair/Director/Dean Recon	nmendation: Renew year(s)	Date:		
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Department Chair Signature Comments: Chair/Director/Dean Recon Chair/Director/Dean Signat Comments: Faculty Acknowledgement Signature: Comments:	nmendation: Renew year(s) of Evaluation: it a rebuttal? Yes or No			
Department Chair Signature Comments: Chair/Director/Dean Recon Chair/Director/Dean Signat Comments: Faculty Acknowledgement Signature: Comments:	nmendation: Renew year(s)			
Department Chair Signature Comments: Chair/Director/Dean Recon Chair/Director/Dean Signat Comments: Faculty Acknowledgement Signature: Comments:	nmendation: Renew year(s) of Evaluation: it a rebuttal? Yes or No			

specific number of additional one-y	rear contracts indicated below without pointments are dependent on budgeta	or reappointment in the following academic year, and for the further review. A positive review and recommendation do not ry considerations, programmatic need, and sufficient
Provost Recommendation:	☐ Renew year(s)	☐ Do Not Renew
Provost Signature:		Date:
Comments:		