APPENDIX R

Administrative Response to Part-time Faculty Evaluation

Instructor:		Semester:	

1.Review by Division Chair:	Yes	No
I have reviewed the evaluation:	☐	☐

Comments:

Signature of Division Chair:		Date:	

2. Review by Dean, Academic Services or Area Dean	
Evaluation demonstrates:	☐ Satisfactory performance ☐ Improvement needed ☐ Unsatisfactory performance

Comments:

Signature of Part-time Faculty: (attesting they have reviewed this completed form)		Date:	
Signature of Administrator:		Date:	

- This Original copy and the part-time faculty instructor's self–evaluation is forwarded to Human Resource Services for inclusion in their personnel file.
- If you have questions or want to discuss the evaluation with the Dean, please feel free to call or make an appointment.
- If you, the part-time faculty member, wish to respond to your evaluation for inclusion in your personnel file in HRS, you have 15 working days to provide the written response.