

OVERALL EVALUATION OF INSTRUCTOR BY DEPARTMENT CHAIR

Instructor's Name _____

Department _____

EVALUATION OF TEACHING/ASSIGNED ACTIVITY

Unsatisfactory

Satisfactory

NARRATIVE:

Note: Narrative and rating should be consistent. Ratings should be consistent with contract language in Article 32.

USE ADDITIONAL PAGES AS NECESSARY.

Date

Department Chair

Instructor's Signature
The Instructor's signature indicates that he/she has read the material.