

OVERALL EVALUATION OF INSTRUCTOR
BY DEPARTMENT PERSONNEL COMMITTEE FOR INSTRUCTORS

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

Chair, Department Personnel Committee for Instructors

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