APPENDIX J1 ANNUAL FACULTY EVALUATION FORM

Faculty Member					
Departi	ment				
Time Period Covered Date of by the Evaluation Evaluation					
Evaluat	ion Prep	pared By			
The wri	itten eva	luation shall be attached to this form. To outline presented below.			
l.	Teaching/Job Effectiveness (Classroom Visitation and Evaluation Form attached if applicable)				
II.	Professional Development/Scholarly Activity				
III.	Service				
	a.	To the Department			
	b.	To the College			
	c.	To the Discipline			
	d.	To the Community			
IV.	Other F	Other Regular Assigned Duties			
V.	Progress on Completing Faculty Development Plan				
VI.	Overall Assessment of the Faculty Member's Performance				
Faculty Member				ate	
Evaluator				ate	
Vice President, Academic and Student Affairs				ate	

(The faculty member's signature indicates receipt of the attached written evaluation, but not necessarily that he/she agrees with its contents.)