

PART TIME FACULTY EVALUATION RECORD SHEET

Employee Name _____

Division _____

	Date	Faculty	Initials Manager
Part Time Faculty member notified of up-coming evaluation			
Multiple Indices to include Mandatory and any agreed upon Optional : MANDATORY: <input type="checkbox"/> Student Evaluation <input type="checkbox"/> Manager Observation <input type="checkbox"/> Self (evaluation, portfolio, etc.) OPTIONAL (may choose one or more from Peer, Other): <input type="checkbox"/> Peer (observation) <input type="checkbox"/> Other (mutually agreed upon by manager and part time faculty)			
Observation review			
Evaluation feedback provided to employee			

Supervisor Signature _____ Date _____

I acknowledge receipt of the information provided above:

Employee Signature _____ Date _____