



**PROBATIONARY / ADJUNCT FACULTY
Evaluation Process**

Faculty:	
Evaluation Year:	
Semester:	<input type="checkbox"/> Fall <input type="checkbox"/> Spring
Administrative Conference Date/Time:	

C-CONSULTATION WITH ADMINISTRATOR

STRENGTHS:

IMPROVEMENTS:

INSTRUCTOR COMMENTS:

Signature of Administrator Conducting Consultation

Date

*Signature of Instructor**

Date

- * *Instructor's signature indicates that he/she had a consultation with an administrator, but the signature is not an endorsement or an indication that he/she agrees with the evaluator.*
- * *Instructor's signature indicates that he/she is aware that this form will be placed in their personnel file. The signature is not an endorsement or an indication that he/she agrees with the observer.*

First Year

- ☐ Probationary - first semester
- ☐ Probationary - second semester

Second Year

- ☐ Probationary - first semester
- ☐ Probationary - second semester

Third Year

- ☐ Probationary - first semester
- ☐ Probationary - second semester
-

☐ Recommend Tenure

☐ Do Not Recommend Tenure

Signature of Administrator

Date

cc: Human Resources