

Team Class Observation Evaluation Summary

Teaching Faculty

Date:

Unit Members Name:

Discipline:

Supervising Administrator:

Work Location:

Tenure Status:

Required:

Administrative Review

Student Evaluation

Peer Review

Optional: Self Evaluation (*tenured faculty*)

Evaluation Team
Recommendations:

Summary of
Performance:

Recommendations for
Improvement:

Evaluation Prepared by:

Evaluation Team Member _____ Date:

Evaluation Team Member _____ Date:

Evaluation Team Member _____ Date:

Evaluation Team Member _____ Date:

I have read and received a copy of this evaluation. My signature below does not necessarily indicate agreement with the contents of this evaluation. I understand I have the right to make written comments regarding this evaluation which when submitted will be attached to this evaluation document.

Employee Signature: _____

Date:

Rebuttal: