

# BASIC AND COMPREHENSIVE EVALUATION SUMMARY FORM FOR ALL FACULTY

Name of Faculty Member: \_\_\_\_\_ Employee #: \_\_\_\_\_

Discipline: \_\_\_\_\_ Department: \_\_\_\_\_ College: \_\_\_\_\_

Evaluation Type:  Basic  Comprehensive

Status:  full time regular faculty  
 tenure track contract faculty (Select:  B-1  B-2  B-3 (year:  3 or  4)  
 limited (including PACE) or long term substitute  
 adjunct faculty

### A. Professional Qualities

Professionalism	Exceeds Expectations	Meets Expectations	Needs Improvement
1. Keeps current in discipline.			
2. Interacts or communicates with peers.			
3. Accepts constructive criticism well.			
4. Maintains adequate and appropriate records.			
5. Submits grades and/or other required information on time.			
6. Attends required meetings.			
7. Is regularly available to students.			
8. Fulfills professional development responsibilities.			

Sources: (state sources of data)
Narrative assessment:

Professional Contributions <i>(Required for Full-Time Faculty Only)</i>	Exceeds Expectations	Meets Expectations	Needs Improvement
9. Makes appropriate contributions to the discipline/department and assumes an appropriate share of faculty responsibilities			
10. Makes appropriate contribution to the college by serving effectively to committee, projects, special assignments, etc.			

Sources: (state sources of data)
Narrative assessment:

**Attach appropriate form for Section B. Complete Sections C and D.**

C. Overall Evaluation  Satisfactory  Needs to improve  Unsatisfactory

D. Recommendations:

Insert comments in text box or attach a separate piece of paper.

(Select signature section below based on the type of evaluation completed)

**Comprehensive Evaluation or Tenure Review—Peer Review Committee Signatures**

Required as per Article 19 and 42		
Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date
Print Name	Signature	Date

**Basic Evaluation for full-time or adjunct faculty—Evaluator Signature (Department Chair or Designee) Required**

Print Name	Signature	Date
------------	-----------	------

***Evaluee Signature Required for Basic and Comprehensive Evaluations***

I have received a copy of this evaluation but my signature does not necessarily indicate my agreement. I understand that any written statement I forward to the Division of Human Resources regarding this evaluation will be attached to the copy, which is filed there.

Print Name	Signature	Date
------------	-----------	------

If your Basic Evaluation is "less than satisfactory" you may be entitled to request a comprehensive evaluation as per Article 19.