

CHAIRPERSON EVALUATION OF FACULTY PERFORMANCE

PERIOD COVERED: 2005-06 2006-07 2007-08 2008-09

FACULTY MEMBER'S NAME: _____

FACULTY RANK: _____

DEPARTMENT: _____

Parts I and II are to be completed by the faculty member.

I. Courses Taught: Indicate Academic Year and Semester, Course Title and Number.
(Include any other information which you judge to be important and relevant to understanding your teaching assignment, e.g., conference course; field-based course; supervised practicum; individual study course; team-taught course; new or substantially revised course; enrollment; substitution for a colleague; off-campus location; workload hours; approved reduction in teaching load; etc.)

ACADEMIC YEAR: _____

Fall:

Spring:

Summer:

ACADEMIC YEAR: _____

Fall:

Spring:

Summer:

FACULTY MEMBER NAME: _____

PERIOD COVERED: 2005-06 2006-07 2007-08 2008-09

ACADEMIC YEAR: _____

Fall:

Spring:

Summer:

ACADEMIC YEAR: _____

Fall:

Spring:

Summer:

FACULTY MEMBER NAME: _____

PERIOD COVERED: 2005-06 2006-07 2007-08 2008-09

Scholarship

Faculty Member: Please Initial or Sign Here (Date)

FACULTY MEMBER NAME: _____

PERIOD COVERED: 2005-06 2006-07 2007-08 2008-09

University Service

Faculty Member: Please Initial or Sign Here (Date)

