# **SUMMARY OF EVALUATION COMPONENTS**

## All Faculty

Evaluatee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Status\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluation Type  Standard  Additional

School/Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Year Term

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | To be used by the first-level manager (FLM)/designee, members of the peer committee, and executive appointee if applicable. Each person participating in the process must indicate a rating if the committee does not agree on an overall rating. Explanation must be provided in the summary comments ***by the FLM, executive appointee, and peer committee*** as to why agreement was not reached on an overall rating. | | | | | | | |
| **Ratings** | | **FLM/Designee** | | **Peers** | | | | **Executive**  **Appointee** |
| **FLM** | **DES** | **Peer Chair** | **#2** | **#3** | **#4** |
| Satisfactory (Average to Excellent) | |  |  |  |  |  |  |  |
| Needs Improvement  (Serious Deficiency) | |  |  |  |  |  |  |  |
| Unsatisfactory (Below Minimum Standards) | |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Overall Rating |  |
| Satisfactory (Average to Excellent) |  |
| Needs Improvement  (Serious Deficiency) |  |
| Unsatisfactory (Below Minimum Standards) |  |

**Do not check the overall**

**rating until all signatories**

**are consulted.**

**Summary Comments**

(include all evaluation

components; attach more

sheets if necessary)

**Commendations** (attach more sheets if necessary)

**Recommendations** (attach more sheets if necessary)

**Signature of Evaluators:** (**Part-time** **faculty** evaluations require the first-level manager, designee, or faculty from the educational school or area. **Regular faculty** evaluations require two eligible faculty members. **Contract faculty (C-1 & C-2)** evaluations require three eligible faculty members; **Contract faculty (C-3 & C-4)** evaluations require two eligible faculty members; **Improvement plans** may include an augmented committee of up to four eligible peers. All require signature of the first-level manager and his/her designee (if assigned.)

Faculty Chair \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature Date

Peer #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature Date

Peer #3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature Date

Peer #4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature Date

Executive Appointee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature Date

FLM Designee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

(if assigned) Printed Name Signature Date

FLM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature Date

**Response of Evaluatee** (Must be attached within 10 service days)

**Signature of Evaluatee**: I have received a copy of all of the evaluation materials represented in the checkbox below and have discussed their contents with the committee and/or FLM/designee. (Signature does not imply agreement with the contents of the evaluation.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature Date

Check list of attached forms to be completed by the First Level Manager (FLM):

FLM Eval Self-Eval Peer Evals (1-4 if applicable)

Typed Student Eval Exec Appointee Eval Improvement Plan (if required)