

SUMMARY OF RE-EVALUATION COMPONENTS

All Contract Faculty

Name _____ Status _____ Academic Year _____ Term _____

School/Department _____ Improvement Plan Written – Academic Year _____ Term _____

To be used when the FLM & peer committee agree.	
Ratings	Overall
Satisfactory	
Needs Improvement	
Unsatisfactory	

To be used ONLY when the FLM & peer committee cannot reach agreement on the overall rating or there is disagreement among the peer committee. Explanation must be provided by the FLM and peer committee as to why agreement was not reached on an overall rating.					
Ratings	FLM/Designee	Peers			
		#1	#2	#3	CIO Designee
Satisfactory					
Needs Improvement					
Unsatisfactory					

Summary Comments (Evaluation will address total performance and may continue until a satisfactory level is reached or other appropriate administrative action takes place) (attach more sheets if necessary)

Specific areas of needed improvement in written improvement plan.	Means of improvement	Resources available to the evaluatee.	Timeframe within which the improvement is to be accomplished.	Has the improvement been accomplished within established time frame(s)?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:

Commendations (attach more sheets if necessary)

Recommendations (attach more sheets if necessary)

Signature of Committee Members: (Shall include the same members serving from the original Faculty Evaluation Committee.)

Peer	_____	_____	_____
	Printed Name	Signature	Date
Peer	_____	_____	_____
	Printed Name	Signature	Date
Peer	_____	_____	_____
	Printed Name	Signature	Date
CIO/Designee (if assigned)	_____	_____	_____
	Printed Name	Signature	Date
FLM/Designee	_____	_____	_____
	Printed Name	Signature	Date

Response of Evaluatee (attach more sheets if necessary)

Signature of Evaluatee: I have reviewed the evaluation materials and have discussed their contents with the committee. (Signature does not imply agreement with the contents of the evaluation.)

	_____	_____	_____
	Printed Name	Signature	Date
Check List	<input type="checkbox"/> FLM/Designee Eval.	<input type="checkbox"/> Self-Eval.	<input type="checkbox"/> Peer Evals. (3)
Of Attached Forms	<input type="checkbox"/> Student Summary	<input type="checkbox"/> Material from 1 st Eval.	<input type="checkbox"/> Improv. Plan
			<input type="checkbox"/> CIO Appointee Eval.

Evaluatee must initial and date all attachments.