

PART-TIME FACULTY EVALUATION SUMMARY	
<b>Name:</b>	
<b>Last Evaluation date:</b>	
<b>School/Dept.:</b>	
<b>Department Head:</b>	
<b>Dean:</b>	
<b>Evaluator:</b>	
CHECKLIST	DATE
<input type="checkbox"/> Notification to Part-Time Faculty to be Evaluated	
<input type="checkbox"/> Pre-Evaluation Conference	
<input type="checkbox"/> Completed Self-Evaluation	
<input type="checkbox"/> Evaluation Form	
<input type="checkbox"/> Student Evaluations Distributed	
<input type="checkbox"/> Student Evaluations Returned	
<input type="checkbox"/> Classroom Observation	
<input type="checkbox"/> Final Evaluation Conference	
<input type="checkbox"/> Materials to Human Resources	

Part-Time Faculty signature \_\_\_\_\_

Dept. Head name \_\_\_\_\_ Dept. Head signature \_\_\_\_\_

Dean name \_\_\_\_\_ Dean signature \_\_\_\_\_