ANNUAL FACULTY EVALUATION FORM

Name of Faculty:				Period	Period Covered: <u>July 1, 2021 – June 30, 2022</u>		
Na	me of Evaluato	r:					
	• •	_	ts shall be attach VEMENT OF TEA	ned to this form. CHING		ADDITIONAL COMMENTS:	
	Poor	Fair	Good	Very Good	Excellent		
2.	COMPLIANCE OF FACULTY DUTIES AND RESPONSIBILITIES						
	Poor	Fair	Good	Very Good	Excellent		
3.	PROFESSIONAL GROWTH AND SCHOLARLY ACTIVITIES						
	Poor	Fair	Good	Very Good	Excellent		
4.	INTERACTION WITH STUDENTS/COLLEAGUES						
	Poor	Fair	Good	Very Good	Excellent		
5.	OUTREACH/SERVICES TO SCHOOL, COUNCILS, AND/OR COMMUNITY						
	Poor	Fair	Good	Very Good	Excellent		
6.	PROGRESS ON COMPLETION OF FACULTY DEVELOPMENT PLAN						
	Poor	Fair	Good	Very Good	Excellent		
7.	PARTICIPATION IN FACULTY MEETINGS AND CURRICULUM DEVELOPMENT						
	Poor	Fair	Good	Very Good	Excellent		
8.	STUDENT EVALUATION RESULTS						
	Poor	Fair	Good	Very Good	Excellent		
ACTION PLAN:							
Evaluator signature:					Date:		
Faculty signature:					Date:		