

APPENDIX VB

B. EVALUATION OF FACULTY MEMBER'S DEPARTMENTAL RESPONSIBILITIES

NAME OF FACULTY EVALUATED: _____ DEPARTMENT: _____

EVALUATOR: _____ DATE: _____

SCALE: (5) Outstanding; (4) Very Good; (3) Good; (2) Satisfactory; (1) Satisfactory with reservations; (0) Unsatisfactory; (U) Unable to observe

I. Teaching Effectiveness
(Consensus of Teaching Evaluation)

Supporting Comments: _____

II. Attendance

Quality of Participation

Classes _____

Department Meeting _____

Faculty Meetings _____

Department Committee Meetings _____

Supporting Comments:

III. Department

Cooperation with projects _____

Rapport with faculty and students _____

Submission of outlines _____

Availability for Advisement _____

-contacts advisees

-available for programming

Supporting Comments (must be included):

IV. Optional

Student Activities Participation _____

Committee Participation _____

-University

-Department

Supporting Comments (must be included):

Other Pertinent Comments:

_____/_____Signature of Evaluator/Date

_____/_____Signature of Faculty Member/Date