OVERALL PERFORMANCE FORM

Faculty Member	
Department Division	
Evaluator/Title	
Semester of Evaluation	
Please describe succinctly the strengths of the faculty member Instructional Excellence (Appendix A), the Guidelines for (Appendix B) and the overall professional responsibility of PERFORMANCE FORM SHOULD BE CONCISE AND NLENGTH.	Performance Standards and Indicators the teaching faculty. THE OVERALI
If observed, please describe succinctly the areas of the improvement. The areas should relate to the Standards in Appe	• •
Overall Rating:	
Satisfactory	
Adequate, but needs improvement	
Unsatisfactory	
Recommended Rating:	
Signature of Faculty Member	Date:
Signature of Evaluator	Date: