EVALUATION OF TEMP FACULTY UNIT 3 EMPLOYEES FOR SCHOOL OF EDUCATION

FORM A: COVER SHEET

(To be completed by temporary faculty member)

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| --- | --- | --- | --- | --- |
| Temporary Faculty Member: |  | | | |
| Date of Evaluation:  (Semester/Year) |  | | | |
| Date of Prior Evaluation:  (Semester/Year) |  | | | |
| Status:  (check one) |  | Part-time instructional |  | Full-time instructional |
|  | Part-time supervision |  | Full-time supervision |
|  | Part-time instructional and supervision |  | Full-time instructional and supervision |

# Instructional faculty: List of course(s) taught since last evaluation:

|  |  |  |
| --- | --- | --- |
| **Semester/Year** | **Course Number/Title** | **No. of Students** |
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# Supervision faculty: List of teacher candidates supervised since last evaluation:

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| --- | --- | --- | --- |
| **Semester/Year** | **Teacher Candidate Name(s)** | **Placement Site**  **(School/District)** | **Program Level**  **(Beg/Adv)** |
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*If space provided is insufficient add additional sheet(s) as needed.*