EVALUATION OF TEMP FACULTY UNIT 3 EMPLOYEES FOR SCHOOL OF EDUCATION

FORM B: CONTENT AREA FACULTY/PROGRAM COORDINATOR INPUT

For Full or Part-time Instructional Temporary Faculty (including those who Supervise)

(To be completed by content area faculty/program coordinator)

|  |  |
| --- | --- |
| Temporary Faculty Member: |  |
| Content Area Faculty/Program Coordinator: |  |
| Date: |  |

Documentation is attached describing the temporary faculty member’s performance in the following areas

(Check all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Syllabi for each course taught |  | Sample lesson plans |
|  | Assignments |  | Assessments |
|  | Classroom Visits  (attach Form C – Classroom Observations) |  | Other: |

# Overall Assessment (areas of strength, suggestions for improvement):

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| --- |
|  |

*Box will expand*

|  |  |  |
| --- | --- | --- |
| *Signature of Evaluator* |  | *Date* |