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* |