**Periodic Evaluation of Lecturers**

**(This is a joint report to be completed by the Chair/Director and DEC and submitted on salmon paper.)**

***PART 1: To be filled out by department/school office***

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**Department:** \_\_\_\_\_\_\_\_\_\_\_\_ **College:** \_\_\_\_\_\_\_\_\_\_\_\_

**Type of Appointment:** \_\_ Term-by-term; \_\_ Academic Year; \_\_ Three-Year; \_\_ Other

**Time base:** \_\_\_\_ Part-time; \_\_\_\_\_ Full-time

**Period under Review:** \_\_\_\_\_\_\_\_(Quarter) to \_\_\_\_\_\_ (Quarter)

***PART 2: To be filled out by committee***

**Provide a summary evaluation of performance in the areas of**

**I. Teaching (Not all sections may be applicable. For example, Sections A through C may not be applicable to the evaluation of lecturers with entirely supervision assignments.)**

A. Comment on Command of the Subject Matter; Course Design/Preparation, Instructional Material and Organization; Effectiveness in Instruction; and Academic Assessment of Students

B. Comment on SOTEs

C. Comment on Classroom Visitations

D. Comment on other instructional related activities

E. Other comments

**II. Research, Scholarly or Creative Contributions (if applicable)**

**III. University and/or Community Service (if applicable)**

**If the evaluated lecturer is eligible for either an initial or subsequent three-year appointment, the following recommendation of the performance of duties is required.**

\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory

**Reasons:**

Signed by

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[Department Chair] [Committee Chair] [Committee member]

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[Committee Member] [Committee Member] [Committee member]