

SCHEDULE F-2A - PROBATIONARY TENURE-TRACK FACULTY EVALUATION FORM

To be completed by each evaluator on the Probationary Tenure-Track Faculty Evaluation Committee (PFEC).

Name of Evaluatee: _____ Date: _____

Name of Evaluator: _____ ☐ Faculty ☐ Administrator

Instructions: Please describe, in some detail, the faculty member's performance in the areas listed below. Within each evaluation category, please refer to the cited section of the contract for additional guidance. In addition to your descriptive summary, include your analysis of any accomplishments, strengths, limitations/weaknesses, or areas of concern.

1. Student Engagement as defined in Article 11.1.5.3.1
2. Classroom assignment as defined in Article 11.1.5.3.2.
3. Non-Classroom assignment (librarians, counselors, learning disability specialist and special assignments) as defined in Article 11.1.5.3.3.
4. Professional responsibilities as defined in Article 11.1.5.3.4.

Evaluator Signature

Date

The signature below indicates this evaluation has been discussed with me, but does not necessarily constitute agreement with the content of the evaluation. I understand that if I choose, I have 10 business days to prepare a narrative statement to be attached to this document.

Evaluatee Faculty Signature

Date