

Summary Evaluation Form for Faculty

Level of Performance (Check one)

- Consistently High Ratings**—Excellent overall performance.
- Satisfactory Performance**—Acceptable overall performance.
- Needs Improvement**—Some areas indicate the need for an improvement plan.

Signature of Faculty Member – (signature indicates receipt but not necessarily agreement)

Date

Signature of Administration:

Vice President (print name)

(signature)

Date

Dean (print name)

(signature)

Date