

## (Optional) Part-Time Faculty Evaluation Checklist for Evaluators

\_\_\_\_\_  
Name of Evaluatee

### Pre-Evaluation Meeting

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Evaluator	Observation	Student Evaluation
	Course/Section:  Date:  Time:  Location:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Evaluator (if more than one)	Observation	Student Evaluation
	Course/Section:  Date:  Time:  Location:	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Self-Evaluation</b>  Due date:	Date Received:
<b>Post-Evaluation Meeting</b>	Date:  Time:  Location: