

(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: | |

| Evaluator (if more than one) | Observation | Student Evaluation |
|---|--|---------------------------|
| | Course/Section: Date: Time: Location: | |

| | |
|---|-------------------------------------|
| Self-Evaluation Due date: | Date Received: |
| Post-Evaluation Meeting | Date: Time: Location: |