

CHOICE OF EVALUATION FOR FULL & PART-TIME FACULTY FALL 2017

Please complete and return this form to Kim Nacion, C308, by September 1, 2017.

Name: _____

Department: _____

Evaluation Method and Options

Choose Peer, Self, or Peer-Management, and select desired options:

Peer Evaluation

- I permit my department chair to serve as a peer evaluator.
- I request that, if possible, one member of my evaluation committee come from a different department.
- I choose to be videotaped, if possible, in class or in a similarly appropriate setting and to have my peer evaluators observe the videotape instead of a classroom/work site visitation.

Self Evaluation

- I permit my department chair to serve as a peer evaluator.
- I request that, if possible, one member of my evaluation committee come from a different department.

Peer-Management Evaluation (your department chair/dean will be an evaluator)

- I request that, if possible, one member of my evaluation committee come from a different department.
- I choose to be videotaped, if possible, in class or in a similarly appropriate setting and to have my peer-management evaluators observe the videotape instead of a classroom/work site visitation.

Student Evaluations

Student Evaluations are a required part of every evaluation of every classroom instructor. Indicate the classes you would like surveyed. Not every class you teach needs to be surveyed, unless you or the evaluators so request. Estimated attendance helps us ensure enough survey sheets are printed.

CRN	Course Number and Title	Section	Estimated Attendance

Signature: _____

Date: _____