

## ***Summary of Department Chair Instructor Evaluation***

Name of Instructor: \_\_\_\_\_ Semester and Year: \_\_\_\_\_

Name of Department Chair: \_\_\_\_\_ Department: \_\_\_\_\_

*Please complete and return this form to the Dean of Instruction by the date requested.*

*The following information and recommendations are based on student evaluations, the instructor's self-evaluation, and my own evaluation.*

Significant aspects of this instructor's performance this year:

Recommended areas for improvement or professional development:

*My evaluation of this instructor's performance: satisfactory/unsatisfactory (circle one).  
I recommend that this instructor be/not be (circle one) offered a teaching contract for the next academic year with the following changes or stipulations:*

Department Chair signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I have reviewed this evaluation and am aware that I may attach a written response for inclusion in my personnel file.*

Instructor signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Dean of Instruction comments. Concur / do not concur (circle one).*

***Comments:***

Dean of Instruction signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Vice President comments. Concur / do not concur (circle one).*

***Comments:***

Vice President signature: \_\_\_\_\_ Date: \_\_\_\_\_