



NAME _____

DATE _____

SUPERVISOR _____

FACULTY EVALUATION AND REVIEW CHECKLIST

Starred (*) items must be signed and dated by Supervisor and Employee.

	Completed	Already Returned
Evaluation by Supervisor* (Full Time or Part Time Form)	<input type="checkbox"/>	<input type="checkbox"/>
Faculty Self Assessment* (Full Time or Part Time Form)	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Observation*	<input type="checkbox"/>	<input type="checkbox"/>
Teaching Materials*	<input type="checkbox"/>	<input type="checkbox"/>
Internet Teaching Observation*	<input type="checkbox"/>	<input type="checkbox"/>
Professional Development Plan* (For Coming Year)	<input type="checkbox"/>	<input type="checkbox"/>
Professional Development Activities (For Previous Year, See Attachment)	<input type="checkbox"/>	
Updated Job Description* (B, C & D Personnel)	<input type="checkbox"/>	
Current Resume (No Form Attached)	<input type="checkbox"/>	
Copy of Most Recent Licensure or Industry Certification (If Applicable)	<input type="checkbox"/>	
Evaluation of Supervisor (Optional)		