

Team Evaluation Summary Non-Teaching Faculty

Date:

Unit Members Name:

Department:

Job Title:

Work Location:

Supervisor:

Tenure Status:

Evaluation Review Period-Month:

Year:

Next Evaluation
Due Date:

Evaluation Review Period-Month:

Year:

Required:

Administrative Review Completed

Peer Review Completed

Student Evaluation Completed

Optional:

Self Evaluation (tenured faculty) Completed

**Evaluation Team
Recommendations:**

**Summary of
Performance:**

**Recommendations for
Improvement:**

Evaluation Prepared by:

Evaluation Team Member _____ Date:

Evaluation Team Member _____ Date:

Evaluation Team Member _____ Date:

Evaluation Team Member _____ Date:

I have read and received a copy of this evaluation. My signature below does not necessarily indicate agreement with the contents of this evaluation. I understand I have the right to make written comments regarding this evaluation which when submitted will be attached to this evaluation document.

Employee Signature _____

Date:

Rebuttal: