

# COUNTY COLLEGE OF MORRIS FACULTY EVALUATION REPORT

Name of Faculty Member \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
 Academic School \_\_\_\_\_ Current Rank \_\_\_\_\_  
 Department \_\_\_\_\_

The purpose of this evaluation is to help the faculty member develop his/her full potential as an integral member of the instructional staff and to provide the institution with reasonable academic criteria for granting reappointment, tenure and promotions.

Reason for Evaluation:

Non-Tenure      Tenure      3-Year      4-Year      5-Year      Promotion      Other\*

\*Rationale:

The following categories are identified in descending order of importance.

**I. CHECK the appropriate response and provide supporting comments.**

E G S U

- a. Teaching Effectiveness
- b. College/Department Service
- c. Professional Growth
- d. Scholarly Achievement

**II. In an attachment, summarize the faculty member's strengths and weaknesses and, as applicable, recommendations for improvement in the four categories.**

**III. Recommendation: Check Appropriate Response**

	Y	N	N/A
Recommend for: Reappointment			
Tenure			
Promotion			

\_\_\_\_\_  
Signature of Chairperson      Date

I have read the above evaluation report and it has been reviewed in consultation with my chairperson. I acknowledge receipt of a copy of this evaluation.

\_\_\_\_\_  
Signature of Faculty Member      Date

Reviewed by Dean

\_\_\_\_\_  
Signature      Date

Distribution:

- Vice President, Academic Affairs
- Dean
- Chairperson
- Faculty Member