

County College of Morris

ADJUNCT EVALUATION REPORT

ADJUNCT INSTRUCTOR'S NAME:

DATE:

DEPT. CHAIRPERSON:

DEPARTMENT:

COURSES TAUGHT:

EVALUATION SUMMARY (Refers to CCM-UAFNJ Contract Article VI – C)

DUTIES: All duties satisfactorily fulfilled as listed in CCM-UAFNJ Contract Article VII-F, 1-13, G and H

If DUTIES box is not checked ✓ please specify by number or letter any duty or duties as listed in CCM-UAFNJ Contract Article VII-F, 1-13, G and H that have not been satisfactorily completed. Also provide a written explanation in the space below or on an attached sheet if more space is required.

Classroom Observation Form *Attached*

SOR Responses *Attached*

Certificate of completion of Sexual Harassment Training Program *Attached*

Certificate of completion of Non-Discrimination Training Programs *Attached*

Certificate of completion of Adjunct Orientation *Attached*

Certificate of completion of Right To Know Training (If required for courses taught) *Attached*

ADJUNCT RESPONSE:

ADJUNCT SIGNATURE:

DATE:

RECEIVED BY:

DATE:
