

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