

**Department of Counseling, Leadership, Adult Education, and School Psychology
Annual Evaluation of Per Course Faculty**

Faculty Name:

Review Year (Summer through Spring):

Academic Program:

Courses Taught:

	Course Number	Course Name	Enrollment
Summer			
Summer			
Fall			
Fall			
Spring			
Spring			

Sources of Evidence (check all that apply):

Student Feedback Forms

Peer Observation of Teaching- *List Date/s:*

Syllabi

Mentoring Faculty and/or Program Coordinator Input

Reflective Self-Statement

Other- *Describe:*

Personnel Committee Evaluator's Evaluation and Recommendation:

Program Coordinator or PC Designee (Signature)

** Signatures may be electronic or original*

Date

Personnel Committee Concurrence if Needed (Signature)

Date

Chair's Evaluation and Recommendation:

Chair (Signature)

Date

Acknowledgement

I acknowledge receipt of this annual evaluation.

Optional Comments:

Faculty Member (Signature)

Date