Essex County College Faculty Evaluations Forms Appendix B Form D

Divisional/Departmental Evaluation Committee Form

FACULTY MEMB	ER'S NAME:		
	(Last)	(First)	(Middle)
PRESENT CLASS	IFICATION:		
	(Rank)		(Step)
(Academic Year)	(Semester or Term)		
Committee Member	rs' Signature		Date

Essex County College Faculty Evaluations Forms Appendix B Form D Divisional/Departmental Evaluation Committee Form (Continued)

A. Performan	ace Report as a Member of the Teaching Faculty: (Description)
B. Performan	ce Report of Non-Teaching Activities (Description)
C. Report of	Professional Growth and Educational Development: (Description)
D. Report on	Student Evaluation: (Description)
E. Overall Pe	erformance Report:
	NDATION:
COMMENTS	OF INSTRUCTOR:
Signature of F	Faculty Member
*In all cases, t Trustees.	the final action for retention, non-retention or promotion rests with the Board of
Distribution:	Evaluatee Chairperson Dean

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Comments of Instructor:							

^{*}Supportive and detailed explanation needed if this category is checked.

[†]In all cases, the final action for retention, non-retention, or promotion rests with the Board of Trustees.