

APPENDIX E

**DEPARTMENT CHAIR'S EVALUATION
of full-time and part-time lecturers with appointments less than one year**

Deadline for submission to the lecturer: no later than 45 days after the last day of employment as shown in the appointment letter

Department Chair _____ Department _____

Lecturer Evaluated _____

Evaluation Period: Spring _____ (year); Cruise _____ (year); Fall _____ (year)

Time Base (FT or PT): Spring _____ (year); Cruise _____ (year); Fall _____ (year)

1. Describe the lecturer's work requirements as stipulated in the appointment letter.

Spring semester

Cruise (if applicable)

Fall semester

2. This evaluation is based on the following sources of information for the evaluation period. . (Check all that apply.)

____ Lecturer's Annual Self-Assessment ____ Peer input

____ Evaluation of course material ____ Classroom visit

____ Personnel Action File (PAF) ____ Student evaluations

____ Other – please specify:

3. Give your evaluation of the lecturer's effectiveness in fulfilling these requirements.

___ Excellent ___ Good ___ Satisfactory ___ Unsatisfactory

(Comments are required)

4. Please feel free to add other comments or provide additional information.

_____	_____
Department Chair signature	Date
_____	_____
Lecturer signature	Date
I have read the evaluation. My signature indicates neither agreement nor disagreement with the statements made.	