

NEW YORK CITY COLLEGE OF TECHNOLOGY

Date _____

TEACHING FACULTY
ANNUAL EVALUATION FORM

Covering the period from September, 20____ to June, 20____

Name _____ Rank _____

Department _____

Summary of Classroom Observation Reports (at least one within the first 10 weeks of each semester for non-tenured and non-certificated personnel):

<u>Date</u>	<u>Observer</u>	<u>Section</u>	<u>Course/ Evaluation</u>	<u>Conference</u>	<u>Date of</u>

EVALUATION

1. Classroom Instruction and Related Activities e.g. Student Advisement
(include Report on Student Feedback Questionnaire: be specific):
2. Department, College and/or University Assignments (please list and comment on each assignment):
3. Scholarly and Professional Growth. Included in this category are research, publications, creative works, development of instructional materials, coursework in progress, participation in activities of professional societies, etc. List and evaluate

these activities. (Indicate any new degrees, certificates, licenses, etc.)

4. Service to the Community:

5. Rapport with Colleagues:

6. Recommendations for Improvement:

a) Summary of Recommendations in Observations Reports:

b) Other:

7. Evaluation Rating:

Excellent_____

Very Good_____

Satisfactory_____

Conditional_____

(to be used in first year only)

Unsatisfactory_____

I have read and have been given a copy of the above report and so signify by my signature.
I understand that I may attach additional comments to this document.

Faculty member

Department chair/designee

Date

Date

1/04