



5. Professional Relationships with Colleagues

6. Recommendation for Improvement

7. A rating of:

\_\_\_\_\_ Excellent

\_\_\_\_\_ Very Good

\_\_\_\_\_ Satisfactory

\_\_\_\_\_ 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                      Date

\_\_\_\_\_  
Superviosr                              Date