

**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 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.	