# Tenured Faculty Summary Evaluation Form

<table>
<thead>
<tr>
<th>Faculty member:</th>
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<tbody>
<tr>
<td>Date Form Completed:</td>
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<tr>
<td>Observation Cycle</td>
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<tr>
<td>Dean:</td>
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</tbody>
</table>

## 1. Observations Conducted:

- **Activity (i.e., class, lab, counseling session):**
- **Date(s):**

## 2. Student Course Feedback Administered:

- **Semester________ Year_______**
- **Semester________ Year_______**

## 3. FGDP Submitted

- **Yes**
- **No**

- **Date submitted______**
- **Updated on ______**

## 4. Qualifications/Competencies Updated

- **Yes**
- **No**

- **Attached_____**

## 5. Strengths of faculty member

- **Responsibilities to Students**
Responsibilities to the College

Other area(s)

6. Areas in which the faculty member can improve:
   Responsibilities to Students

   Responsibilities to the College

   Other area(s):

7. Improvement Plan Required □ Yes □ No
   Status of Improvement Plan:
   □ Completed
   □ In Progress
   □ Not completed according to established performance levels (explanation required)
8. Dean's Comments

9. Faculty Comments (may be attached).

___________________________________________
Faculty Member   Date

___________________________________________
Dean             Date