Faculty member: ____________________________

Date Form Completed: ____________________________

Observation Cycle

☐ Year 1  ☐ Year 4

Dean: ____________________________

1. Observations Conducted:
   Activity: ___ class ___ lab Date: ____________________________
   Activity: ___ class ___ lab Date: ____________________________

2. Student Course/Lab 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