

APPENDIX I
ILLINOIS VALLEY COMMUNITY COLLEGE
TENURED FACULTY
SUMMARY EVALUATION FORM

Faculty member:	
Date Form Completed:	
Observation Cycle	<input type="checkbox"/> Year 1 <input type="checkbox"/> Year 4
Dean:	

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