GORDON COLLEGE
EVALUATION OF FACULTY BY CHAIR

Faculty Member: School/Department:

Dean/Department Head: Date:

Each category will receive a rating based on a scale of 1 to 5 according to the description of the evaluation scale on Attachment A. The Chair's merit recommendation will be based on the cumulative total.

A. TEACHING (70%)
Comments:

B. SERVICE TO THE INSTITUTION (10-20%)
Comments:

C. PROFESSIONAL GROWTH & DEVELOPMENT (10-20%)
Comments:

Cumulative Total: 0.00

Additional Comments:

Signature of Dean/Department Head: _____ Date: _____

I have reviewed the above evaluation with my supervisor and understand its contents. I am aware that I may respond to this evaluation in writing to my supervisor within five working days; my response will be attached to the evaluation; my supervisor will acknowledge in writing that the response has been received and note any changes that have been made in the evaluation. The acknowledgement will also be attached to this evaluation.

_____ _____
Faculty Member's Signature Date