

TO BE COMPLETED BY EVALUATION TEAM

Instructor: _____ Department: _____ Date: _____

Areas Needing Improvement as Described in the Evaluation Form	Action Steps	Timeline and Deadline to Submit Evidence	Evidence of Completion for Instructor to Submit to Evaluation Team
1.			
2.			
3.			

Faculty Name: _____ Signature*: _____ Date: _____

Peer Evaluator Name: _____ Signature: _____ Date: _____

Chair Name (if applicable): _____ Signature: _____ Date: _____

Administrator Name: _____ Signature: _____ Date: _____

*Signature indicates receipt but not necessarily agreement. After reviewing the comments and discussing your Development Plan with the team, you may submit a written response within ten (10) calendar days of signature.