

APPENDIX B

**DEPARTMENT CHAIR'S EVALUATION
of full-time and part-time lecturers with one-year or three-year appointments**

Deadline for submission to the Dean and Lecturer: Monday, March 1, 2021.

Department Chair _____ Department _____

Lecturer Evaluated _____

Evaluation Periods: Spring Semester 2020, Cruise 2020, and Fall Semester 2020

Indicate Time Base (FT or PT) for Spring Semester _____ Cruise _____ Fall Semester _____

1. Describe the lecturer's work requirements as stipulated in the appointment letter.

Spring Semester 2020

Cruise 2020 (if applicable)

Fall Semester 2020

2. This evaluation is based on the following sources of information for the evaluation period. (Check all that apply.)

____ Lecturer's Annual Self-Assessment ____ Peer input

____ Evaluation of course material ____ Classroom visit

____ Personnel Action File (PAF) ____ Student evaluations

____ Other – please specify:

3. Give your evaluation of the lecturer's effectiveness in fulfilling the work requirements.

___ Excellent ___ Good ___ Satisfactory ___ Unsatisfactory

(Comments are required)

4. Please feel free to add other comments or provide additional information.

_____ Department Chair signature	_____ Date
_____ Lecturer signature	_____ Date
I have read the evaluation. My signature indicates neither agreement nor disagreement with the statements made.	
_____ I concur with the evaluation made by the Department Chair	
_____ I do <u>not</u> concur with the evaluation made by the Department Chair and have provided a written attachment.	
_____ Dean	_____ Date