

**Illinois State University
Non-Tenure Track Faculty Evaluation Form**

PERS 955

Evaluation period: 1/1/ to 12/31/

Evaluating department:

NTT faculty member:

Title: Select

Evaluator:

Title:

Overall Evaluation Summary

Place an **X** to designate an overall rating of the NTT faculty member's performance during the evaluation period.

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Below Expectations Meets Expectations Exceeds Expectations

Provide an overall written evaluation of the NTT faculty member based on information gathered from the NTT faculty member's self-assessment, student evaluations (if evaluating instructional performance), and the evaluator's assessment of NTT faculty member's primary duties.

The signatures below indicate that this evaluation was reviewed and discussed by the NTT faculty member and their evaluator.

Evaluator Signature

Date

NTT Faculty Member Signature

Date

Provide a copy of this evaluation to the NTT faculty member. Retain other evaluation materials (e.g., self assessment, classroom assessment, student evaluations, etc.) in the evaluating department.

By the designated deadline, forward this original, signed evaluation form to Human Resources, 101 Nelson Smith Building, Campus Box 1300, to be retained in the NTT faculty member's personnel file.