EVALUATION OF TEMP FACULTY UNIT 3 EMPLOYEES FOR SCHOOL OF EDUCATION

FORM A: COVER SHEET

(To be completed by temporary faculty member)

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| --- | --- |
| Temporary Faculty Member:  |  |
| Date of Evaluation:(Semester/Year)  |  |
| Date of Prior Evaluation:(Semester/Year) |  |
| Status:(check one) | [ ]  | Part-time instructional  | [ ]  | Full-time instructional  |
| [ ]  | Part-time supervision  | [ ]  | Full-time supervision  |
| [ ]  | Part-time instructional and supervision  | [ ]  | Full-time instructional and supervision  |

# Instructional faculty: List of course(s) taught since last evaluation:

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| --- | --- | --- |
| **Semester/Year** | **Course Number/Title** | **No. of Students** |
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# Supervision faculty: List of teacher candidates supervised since last evaluation:

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| **Semester/Year** | **Teacher Candidate Name(s)** | **Placement Site****(School/District)** | **Program Level****(Beg/Adv)** |
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*If space provided is insufficient add additional sheet(s) as needed.*