EVALUATION OF TEMP FACULTY UNIT 3 EMPLOYEES FOR SCHOOL OF EDUCATION

FORM D: CLINICAL PRACTICE COORDINATOR AND/OR PROGRAM COORDINATOR INPUT

For Full or Part-time Instructional Temporary Faculty (including those who Supervise) AND

Full or Part-time Supervisors of Clinical Practice

(To be completed by content area Clinical Practice Coordinator and/or Program Coordinator)

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| --- | --- |
| Temporary Faculty Member: |  |
| Clinical Practice/Program Coordinator(s): |  |
| Date: |  |

Documentation is attached describing the temporary faculty member’s performance in the following areas

(Check all that apply):

|  |  |  |  |
| --- | --- | --- | --- |
|  | Completed observation forms of candidate performance |  | Completed evaluation forms of candidate performance |
|  | Communication with teacher candidates (university students) |  | Communications with site personnel |
|  | Candidate evaluations of supervisor |  | Other: |

# Overall Assessment (areas of strength, suggestions for improvement):

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|  |

*Box will expand*

|  |  |  |
| --- | --- | --- |
| *Signature of Evaluator* |  | *Date* |