

DEAN/RESPONSIBLE ADMINISTRATOR'S ASSESSMENT OF PROFESSIONAL RESPONSIBILITIES FORM
LIBRARIAN

College: _____

Division: _____

Academic year of evaluation: _____

Semester: _____

Name of evaluatee: _____

Name of evaluator: _____

1. Evaluatee participates constructively in Division and Department meetings and other activities related to area of responsibility. (Optional for adjunct faculty.)

2. Evaluatee participates constructively on College-wide committees. (Optional for adjunct faculty.)

3. Evaluatee submits grades (if applicable) and other information in a complete, accurate, and timely manner.

4. Evaluatee collaborates well with and is respected by faculty, staff, and students.

5. Evaluatee fulfills professional responsibilities.

6. Evaluatee participates in professional growth activities.

OVERALL PERFORMANCE RATING

2

- A. Exceeds Expectations
- B. Meets Expectations
- C. Needs Improvement (Refer to Appendix G)
- D. Unsatisfactory (Refer to Appendix G)

DEAN/RESPONSIBLE ADMINISTRATOR'S COMMENTS:

I have met with the evaluatee and discussed the assessment of the evaluatee's professional responsibilities.

Signed: _____ Date: _____

Evaluator

EVALUEE COMMENTS:

I have met with the evaluator and discussed this assessment.

Signed: _____ Date: _____

Evaluee