

LAGUARDIA COMMUNITY COLLEGE

ANNUAL PERFORMANCE  
EVALUATION CLASSROOM  
INSTRUCTIONAL STAFF  
(UNTENURED)

NAME: \_\_\_\_\_

DEPARTMENT/DIVISION:  
\_\_\_\_\_

TITLE OR POSITION: \_\_\_\_\_

FROM: \_\_\_\_\_  
(Period for which rated)

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The evaluator must cover each of the following areas:

1. Classroom Instruction, based on:
  - a. Peer observation(s)
  - b. Table listing SIR scores
  - c. Faculty member's self-report on teaching goal (attach completed template)
2. Departmental Contributions/ Assignments
3. College and University Contributions/ Assignments
4. Student Guidance
5. Research & Scholarly Writing/Creative Works/Professional Activities
6. Collegiality
7. Summary

Something should be said about each area even if, in certain circumstances, the supervisor believes that faculty participation in that area is not currently expected during the period of evaluation. For example, comments under "College and University Assignments" for a newly hired faculty member might read "not expected in this year."

Within each area the evaluator should do each of the following:

1. Begin with a list of the goals indicated in the previous year's annual evaluation report.
2. Evaluate the progress made toward the achievement of those goals.
3. Comment on other activities accomplished but not included in the previous year's goals.

4. Detail any concerns in the area under consideration.
5. List the related new goals for the forthcoming year, making sure that each of the areas is addressed.

In addition to responding to each of the areas listed above, the evaluator should provide a summary statement indicating an overall assessment and should clearly state whether the evaluation is "Satisfactory" or "Unsatisfactory."

NOTE: The criteria for reappointment are outlined in the LaGuardia Professional Staff Handbook and other related University documents.

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It is my intention that this evaluation be considered (check one):

\_\_\_\_\_ Satisfactory                      \_\_\_\_\_ Unsatisfactory

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

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\_\_\_\_\_ I have seen this evaluation and have no statement to make.

\_\_\_\_\_ I have seen this evaluation and have a statement to make.\*

Date: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_

\_\_\_\_\_ Employee declines to sign.

\* The employee may request to appear before the Department/Divisional P&B Committee and/or submit a written rebuttal.