

**Evaluation Recommendation for Faculty Members  
(Form FE 7)**

1. This form is to be completed as necessary by the Department Chair for faculty members who have not obtained 80 points.
2. One copy goes to the Department Chair, one copy goes to the faculty member, and one copy goes to HR.

Instructor: \_\_\_\_\_ PEID: \_\_\_\_\_ Academic Year: \_\_\_\_\_  
 Department: \_\_\_\_\_ Department Chair: \_\_\_\_\_

The purpose of this form is to provide recommendations for those faculty members not obtaining 80 points that will aid the faculty member in the continued pursuit of excellence in teaching. The following represents suggestions the faculty member may pursue to address the FPDP. These suggestions are designed to foster faculty professional development and to help meet CTC's vision, mission, goals, and purpose.

**The following represents your Faculty Evaluation Score (see Form FE 6):**

<b>Evaluation Component</b>	<b>Total Possible Points</b>	<b>Points Earned</b>
1) Professional Development Summary Sheet (Form FE 2)	25	_____
2) Department Chair Faculty Evaluation (Form FE 3)	40	_____
3) Faculty Peer Observation (Form FE 4)	10	_____
4) Self-Assessment (Form FE 5)	15	_____
5) Student Evaluations	10	_____
<b>TOTAL POINTS EARNED</b>		_____

Evaluation Component(s):

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_

Recommended Activity(ies):

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Faculty Member** **Date**

\_\_\_\_\_  
**Signature of Department Chair** **Date**

FPDP 08/25/04