**NORTHWESTERN CONNECTICUT COMMUNITY COLLEGE**

**OVERALL PERFORMANCE FORM**

Faculty Member:

Department/Division:

Evaluator/Title:

Semester of Evaluation:

1. Please describe succinctly the strengths of the faculty member's performance based on the Standards of Instructional Excellence (Appendix A), the Guidelines for Performance Standards and Indicators (Appendix B) and the overall professional responsibility of the teaching faculty.

1. If observed, please describe succinctly the areas of the faculty member's performance needing improvement as related to the Standards in Appendix B.

Overall Rating:

Satisfactory

Adequate, but needs improvement

Unsatisfactory

Recommended Rating:

Signature, Faculty Member Date

Signature, Evaluator Date