**Form 3 NTT: Non-Tenure-Track Faculty Evaluation Summary**

The decisions, voting, rationales, commendations, and recommendations in this form summarize the Evaluation Sitting Committee’s evaluation of the faculty member named above. The committee chair will indicate the evaluation sitting committee vote tally in each section.

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Evaluation Period: \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **TEACHING**  The committee must reach a majority vote on ONE of the rankings.  |  Exceeds Standard Professional Performance\_\_\_\_\_\_\_\_\_  Standard Professional Performance\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Below Standard Professional Performance\_\_\_\_\_\_\_\_\_\_\_ |
| **Rationale**  | **Recommendations**                    |

|  |  |
| --- | --- |
| **Professional Activity & Development** The committee must reach a majority vote on ONE of the rankings.  | Exceeds Standard Professional Performance \_\_\_\_\_\_\_\_ Standard Professional Performance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Below Standard Professional Performance \_\_\_\_\_\_\_\_\_\_  |
| **Rationale**  | **Recommendations**              |

|  |  |
| --- | --- |
| **Service** The committee must reach a majority vote on ONE of the rankings.  | Exceeds Standard Professional Performance \_\_\_\_\_\_\_\_ Standard Professional Performance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Below Standard Professional Performance \_\_\_\_\_\_\_\_\_ |
| **Rationale for College Service**  | **Recommendations**             |
| **Rationale for Community Service, if applicable**  |

**Comments**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Evaluation Sitting Committee Signatures**

By signing below, we confirm the decisions, rationales, votes, and recommendations above. Details for our findings not found on this form can be found on the Form 2 that accompany this form.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  | **Signature**  | **Vote**  | **Date**  |
|   |   |   |   |
|   |   |   |   |
|   |   |   |   |