

CENTRAL GEORGIA TECHNICAL COLLEGE
INSTRUCTOR/PROGRAM EVALUATION*
Phase II Assessment**

Instructor's Name _____ Date _____

Assessment Period from _____ to _____

Date of Last Phase I Assessment _____

COMPETENCY	Satisfactory	Needs Improvement	Unsatisfactory
Program Planning			
Course Planning			
Providing Instruction			
Evaluating Students			
Managing the Instructional Program			
Managing Facilities/ Equipment/Supplies			
Advising Students			
Maintaining Program Standards			
Professional/Personal Development			

*See Phase I Assessment Instrument for indicators of performance standards.

**See Reverse side for improvement plan and job targets.

Recommendations/Suggestions for Improvement: _____

Proposed Follow-up Assessment of Above: _____

Instructor Comments: (Use additional paper, if needed.) _____

_____ Date _____ Instructor Signature

Note: Signatures indicate that the instructor and evaluator(s) have reviewed and discussed this evaluation summary. They do not necessarily indicate agreement.

_____ Satisfactory _____ Unsatisfactory

Evaluator(s) Comments: _____

Recommendation for Next Assessment: Phase I Phase II

_____ Date _____ Evaluator(s) Signature

_____ Date _____ Reviewer's Signature