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

Instructor's Name __________________________ Date ______________________

Assessment Period from __________________________ to ______________________

Date of Last Phase I Assessment __________________________

<table>
<thead>
<tr>
<th>COMPETENCY</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
<th>Unsatisfactory</th>
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<td>Program Planning</td>
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<td>Course Planning</td>
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<td>Providing Instruction</td>
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<td>Evaluating Students</td>
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<td>Managing the Instructional Program</td>
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<td>Managing Facilities/Equipment/Supplies</td>
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<td>Advising Students</td>
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<td>Maintaining Program Standards</td>
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<tr>
<td>Professional/Personal Development</td>
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*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