

**Illinois State University  
Non-Tenure Track Faculty Evaluation Form**

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PERS 955

**Evaluation period:** 1/1/      to 12/31/      **Evaluating department:**  
**NTT faculty member:**      **Title:** Select  
**Evaluator:**      **Title:**

**Overall Evaluation Summary**

Place an **X** to designate an overall rating of the NTT faculty member's performance during the evaluation period.

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**Below Expectations                      Meets Expectations                      Exceeds Expectations**

Provide an overall written evaluation of the NTT faculty member based on information gathered from the NTT faculty member's self-assessment, student evaluations (if evaluating instructional performance), and the evaluator's assessment of NTT faculty member's primary duties.

The signatures below indicate that this evaluation was reviewed and discussed by the NTT faculty member and their evaluator.

Evaluator Signature	Date
NTT Faculty Member Signature	Date

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Forward the original, signed evaluation form and any relevant supporting documents (e.g., self-assessment, classroom assessment, summary of student evaluations, etc.) to Human Resources, Campus Box 1300, 101 Nelson Smith Building, by the evaluation deadline. Those documents will be retained in the NTT faculty member's personnel file. Retain copies of all evaluation materials in the evaluating department.