

**McLean County Unit District No. 5
CERTIFIED STAFF EVALUATION FORM
PROBATIONARY EVALUATION SUMMARY**

Evaluator(s): _____

Employee: _____

Part Time

FIRST YEAR

SECOND YEAR

THIRD YEAR

FOURTH YEAR

FIRST SEMESTER

	<u>Date</u>		<u>Dates</u>		<u>Date</u>	<u>Initials</u>
PRECONFERENCE	_____	OBSERVATION	_____	CONFERENCE	_____	___ ___

(Optional)		(Optional)		(Optional)		

OVERALL RATING: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			
_____	_____		
Evaluator	Date		
_____	_____		
Faculty Member	Date		

SECOND SEMESTER

	<u>Date</u>		<u>Dates</u>		<u>Date</u>	<u>Initials</u>
PRECONFERENCE	_____	OBSERVATION	_____	CONFERENCE	_____	___ ___

(Optional)		(Optional)		(Optional)		

OVERALL RATING: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			
RECOMMENDATION:			
<input type="checkbox"/> Continued Employment		<input type="checkbox"/> Non-Renewal of Contract	
_____	_____		
Evaluator	Date		
_____	_____		
Faculty Member	Date		
Faculty Member's Signature Acknowledges Receipt of the Evaluation Information			

If checked, indicates faculty member has attached additional comments to the evaluation.