APPENDIX E-1
DIRECTOR, LIBRARY
OR
PROGRAM AREA CHAIR OR PEER EVALUATION COMMITTEE
EVALUATION OF LIBRARIAN

Name______________________________________

Date of Last Evaluation__________________ College_____________________

Date of This Evaluation___________________

Personnel Action Being Considered__________________________

DIRECTIONS:
Evaluate each librarian on items A through D (include E where applicable).

CRITERIA:

A. Effectiveness in performing assigned responsibilities within the library (Article
   VIII, §A(3)(a)(i))

B. Effectiveness in rendering assistance to students, faculty and the academic community (Article VIII, §A(3)(a)(ii))

C. Continuing scholarship (Article VIII, §A(3)(b)(i))

D. Other professional activities (Article VIII, §A(3)(b)(ii))
E. Alternative responsibilities (Article VIII, §A(3)(b)(iii); Article XII, §D; and Article XIV)

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Signature of Person Conducting Evaluation or Committee Chair
Date

This is to certify that I have read this evaluation

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Signature of Librarian
Date

If a Committee, list the names of its members:

(TO BE FILLED IN BY CHAIR OF THE COMMITTEE):

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Names of Committee Members

Recommendation concerning personnel action being considered:

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Record of votes cast, if any:

(TO BE FILLED IN BY CHAIR OF THE COMMITTEE):

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(For) (Against) Date of Vote
EVALUATION OF ADJUNCT INSTRUCTORS
MASSACHUSETTS MARITIME ACADEMY

Name__________________________ Department__________________________

Date of Last Evaluation______________

Date of This Evaluation______________

Personnel Action Being Considered____________________________________

DIRECTIONS:

1. Evaluate each adjunct instructor on items A through E (Article VIII–A, §C).

CRITERIA:

A. Teaching/Training Effectiveness

B. Assistance to Students

C. Maintenance of a Proper Uniform

D. Effectiveness in Correcting or Disciplining Students When Necessary

E. Other Professional Activities
Signature of Department
Chair or Committee Chair

This is to certify that I have read this evaluation

Signature of Faculty Member

If a Committee, list the names of its members:

(To be filled in by Chair of the Committee):

Names of Committee Members

Recommendation concerning personnel action being considered:

Record of votes cast, if any:

(To be filled in by Chair of the Committee):

(For) [Signature] (Against) [Signature] Date of Vote