

Academic Year:

Semester:

☐ Fall

☐ Spring

☐ Summer

Minority Report: Regular or Associate Faculty Evaluation

See Instructions at bottom.

Evaluee (Print) _____ Department: _____

Report prepared by: ☐ Department/Non-Department Peer ☐ Department Chair ☐ Supervising Administrator

Indicate below the area(s) in which you have a minority opinion when you participated in assigning a rating.

Enter comments below or on a separate sheet and attach it to this report.

If this is a Regular Faculty Evaluation:

- ☐ Student-related Duties
- ☐ District and Departmental Service
- ☐ Professional Development
- ☐ Other Required Duties (Article 17)

If this is an Associate Faculty Evaluation:

- ☐ Student-related Duties
- ☐ Other Required Duties (Article 17)

Comments:

Team Member Signature:

Print Name:

Date:

In signing this report as the Evaluee, you are only acknowledging having reviewed the report. **Your signature does not necessarily indicate agreement with any specific conclusion of the report.**

Evaluee Signature:

Date:

Instructions:

In the event that the team cannot agree on a rating in a particular category, the majority opinion prevails. If chair or supervising administrator disagree on a rating, the peer then participates to assign a rating by consensus or vote. If **all** members of the team disagree on a rating, each will submit a minority report, and the appropriate vice-president will determine the final rating. Any team member may prepare a minority report, using this approved form, and submit it to the supervising administrator on the team to be included in the faculty member's evaluation file.

If any team member writes a Minority Report, it is due no later than five (5) working days after ratings have been determined on the *Final Report*.