

MASSACHUSETTS COMMUNITY COLLEGE SYSTEM

PART-TIME PROFESSIONAL STAFF SUMMARY EVALUATION

Professional Staff Member: _____

Department/Work Area: _____

Job Title: _____

Evaluator: _____ Title: _____

Period covered by this evaluation _____ to _____

College service - Evaluator's Comments:

Student advising or recruitment activities (if any) - Evaluator's Comments:

Evaluate Overall Performance of Professional Staff Member:

Professional Staff Member's Comments (If any):

I have read and received a copy of
this evaluation.

Evaluator

Professional Staff Member

Date

Date