**PROBATION PERIOD ASSESSMENT OF NEW FACULTY**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Department: |  |  | Semester: |  |

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| --- | --- |
| **Part I** | **Personal Information:** |
|  | Name: | : |  |  | I.D. No : |  |
|  | Date Starting  | : |  |  |  |  |
|  | Specialization | : |  |  | Qualification: |  |
|  | Experience | : |  |
|  | Skills | : |  |
|  |  |  |  |
|  |  |
| **Part II** | **Department Information:** |
|  | Job Title: |  |
|  | Teaching Load: |  |  | No. of Courses Assigned : |  |
|  | Courses Assigned: |  |  |  |
|  | (1)  |  | (2)  |  |
|  | (3)  |  | (4)  |  |
|  |  |
| **Part III** | **Class Observation:** |
| **S.#** | Day | **Time** | **Loc.** | Course Title | **No. of Students** | **LT** | **LB** | **Primary Observation** |
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| **Part IV** | **Evaluator’s Comments:** |  |  |  |  |
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| **Evaluator’s Name** |  | **Position** |  | **Signature** |  | **Date** |