**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 | : | ………………………………………………………………………………………………………………..………………………………. |
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| **Part II** | **Department Information:** |
|  | Job Title: | ………………………………………………………………………………………………………………..………………………………. |
|  | Teaching Load: | …………………….……………… | No. of Courses Assigned : | ……………….…..…………… |
|  | Courses Assigned: |  |
|  | (1) ………………………………………………………..………………………… | (2) ………………………………………………………..………….………....……… |
|  | (3) ……………………………………………………………..…………………… | (4) ………………………………………………………..………….………………… |
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| **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** |