To be completed by AFM (Optional)

# RESPONSE TO ASSOCIATE FACULTY EVALUATION REPORT

# AND/OR STUDENT SURVEYS

Associate Faculty Member Name: Associate Faculty Member Name

Date(s) of Observation(s): Date(s) of Observation(s)

Observer Name/Title: Observer Name/Title

Evaluator/Title: Evaluator/Title

Response:

Click or tap to enter a date.

Signature of Associate Faculty Member

Signature of Associate Faculty Member Date