

Contract Faculty Evaluations Training Request

Evaluatee:
Position:
Contract Status:

Date:
Discipline:
Semester:

In an effort to support continual improvement as a full time faculty member at NVC, this evaluation team is requesting the following Activities/Trainings be offered to the evaluatee listed above.

Activity/Training	Timeline

We, the undersigned, have agreed to request the activity/training(s) listed above.

Evaluatee/Date

Lead Coach/Date

Tenured Division Faculty/Date

Tenured Division Faculty/Date