

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 \_\_\_\_\_

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College service - Evaluator's Comments:

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

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Work performance evaluation - Evaluator's Comments

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Personnel File Review

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Evaluate Overall Performance of Professional Staff Member

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Professional Staff Member's Comments (if any):

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I have read and received a copy of  
this evaluation.

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Evaluator

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Professional Staff Member

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Date

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Date