



**PART-TIME FACULTY EVALUATION  
FORM B | BIBLIO/LIBRARY SERVICES FACULTY**

☐ VESTED      ☐ NON-VESTED  
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**LIBRARIAN/FACULTY NAME:**

**SCHOOL/SERVICE AREA:**

**DEPARTMENT:**

**EVALUATOR'S NAME:**

**TITLE:**

**DATE OF VISITATION:**

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**All PC and Mac users please note:** This form must be opened using **Adobe Reader**; any forms opened/used in "Preview Mode" will not function properly.

**DIRECTIONS:** Every item must contain specific comments including an example to illustrate the evaluator's point and suggestions for improvement if applicable. Check the reference techniques that you observed being used.

**TECHNIQUES BEING USED:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Individual Student Assistance | <input type="checkbox"/> Internet         | <input type="checkbox"/> Library Automation System |
| <input type="checkbox"/> Electronic Databases          | <input type="checkbox"/> Electronic Books | <input type="checkbox"/> Audio/Visual              |
| <input type="checkbox"/> Other: _____                  |   |  |
- 

**1. Conduct reference interview and follow-through.**

Select a rating that is most relevant from the drop down box (left).  
8 – 10 = Strong | 6 – 7 = Competent | 4 – 5 = Marginal | 1 – 3 = Unsatisfactory.

**Comments:**

*Check here if continued on Addendum* ☐

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**2. Acts in a manner that encourages patrons to ask questions.**

**Comments:**

*Check here if continued on Addendum* ☐

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Evaluation Scale: 8 – 10 = Strong | 6 – 7 = Competent | 4 – 5 = Marginal | 1 – 3 = Unsatisfactory

**3. Knows and follows Reference Desk, and Library policies.**

Comments:

Check here if continued on Addendum ☐

**4. Exhibits teamwork regarding working at the Reference Desk.**

Comments:

Check here if continued on Addendum ☐

**5. Exhibits knowledge of reference sources, continues to develop knowledge of collections and resources.**

Comments:

Check here if continued on Addendum ☐

Evaluation Scale: 8 – 10 = Strong | 6 – 7 = Competent | 4 – 5 = Marginal | 1 – 3 = Unsatisfactory

**OVERALL NON-INSTRUCTIONAL ACTIVITY OBSERVATION SCALE:**

**SUMMARY EVALUATION COMMENTS:**

Check here if continued on Addendum ☐

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dean Comments (Optional):** \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Faculty Comments (Optional):** \_\_\_\_\_