



Title of Course Visited \_\_\_\_\_

Name of Observer \_\_\_\_\_

**Attach a copy of the Class Observation Report**

**Section D – SIRS Evaluation Review by Dean or Chair or the designee of the Dean or Chair**

The Dean or Chair or the designee of the Dean or Chair has reviewed the SIRS results. Do the evaluation results (the numerical scores and/or student comments) raise a concern with the Dean or Chair or the designee of the Dean or Chair?

\_\_\_\_ Yes                      \_\_\_\_ No

If yes, a meeting with the PTL is required to discuss any concerns.

Is a meeting with the PTL required to discuss concerns and/or student complaints?

\_\_\_\_ Yes                      \_\_\_\_ No

If Yes, indicate date of meeting and provide summary of discussion.

Date of Meeting \_\_\_\_\_

Summary:

\_\_\_\_\_  
Dean/Chair or designee Signature                      Date

PTL's response, if any:

By signing below, the PTL certifies that the PTL received a copy of the form and was provided an opportunity to respond to the comments of the Dean/Chair or designee. The PTL further certifies that the information provided by the PTL in Sections A and B above are accurate.

\_\_\_\_\_  
Signature of Part-Time Lecturer

\_\_\_\_\_  
Date

C: PTL  
Personnel file