CLINICAL NURSING FACULTY EVALUATION PACKET PREPARATION CHECKLIST

Each faculty member evaluated should complete this checklist and submit it as the cover sheet of his/her evaluation.

Fac	ulty Member Date
Pa	rt I • Documentation of Teaching
Ple	ase submit a packet including the following course materials:
	Course Identification (course name and number):
	Indicate whether the materials are related to Skill Lab \square or Clinical \square
	If related to clinical, list facility name and unit:
	Course Clinical or Lab Objectives (attach a copy)
	Teaching Materials - Include materials that you use or have created which clearly demonstrate how you manage, teach, and evaluate students in the clinical or lab environment.
Gu	idelines for materials to be included in evaluation packet (Check each item that you have included):
	Completed daily student assignment sheets * (label and attach)
	Completed daily instructor worksheets * (label and attach)
	Example of daily student worksheet * (label and attach)
	Alternative assignments with objectives (label and attach)
	Copies of interim student evaluations (minus names) (label and attach)
	Copies of final student evaluations (minus names) * (label and attach)
	Examples of creative pre/post conferences (label and attach)
	Skills lab—describe presentation/techniques used to teach a particular skill (label and attach)
	Other – briefly list here * (label and attach):
	Reflective Statement - This should be a brief explanation of the source of the materials that you are submitting (cite references as necessary) and the use of the materials. * (label and attach)
Pa	rt II • Professional Development
	Years Covered (Maximum: last 5 years)
	Professional Development Worksheet - For the years that the evaluation covers, submit one Professional Development Workshe and attach related documentation where applicable. (label and attach)

Use additional sheets if necessary.