

CHECKLIST	DATE
<input type="checkbox"/> Notification to 3 D U W 7 L P H Faculty to be Evaluated	
<input type="checkbox"/> Pre-Evaluation Conference	
<input type="checkbox"/> Completed Self-Evaluation	
<input type="checkbox"/> Evaluation Form	
<input type="checkbox"/> Student Evaluations Distributed	
<input type="checkbox"/> Student Evaluations Returned	