

# **Adjunct Faculty Evaluation Form**

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| Date: |  |
| Adjunct Faculty Member’s Name: |  |
| Class Observed: |  |
| Location: |  |
| Format: (F2f, Hybrid) |  |
| Evaluator’s Name |  |

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| **CLASSROOM MANAGEMENT AND ORGANIZATION** |
|  | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** |
| Appears prepared for class |  |  |  |
| Prepared a course syllabus that attends to University and Department standards |  |  |  |
| Creates a positive and supportive learning environment |  |  |  |
| Presents information in a clear and enthusiastic manner |  |  |  |
| Delivers content in an organized and understandable manner |  |  |  |
| Incorporates real life experiences into the class |  |  |  |
| Manages students in the classroom well |  |  |  |
| Manages class time well |  |  |  |
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| Classroom Management and Organization Comments: |
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| **INSTRUCTIONAL SKILLS** |
|  | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** |
| Demonstrates knowledge of the course subject matter |  |  |  |
| Encourages student participation and discussion |  |  |  |
| Checks for student understanding |  |  |  |
| Responds to student questions |  |  |  |
| Engages students in the learning process |  |  |  |
| Effectively uses learning activities |  |  |  |
| Utilizes technology and supplemental teaching aids |  |  |  |
| Receives student evaluations with no problematic concerns |  |  |  |
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| Instructional Skills Comments: |
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| **UNIVERSITY COMPLIANCE** |
|  | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** |
| Complies with established University policies and procedures |  |  |  |
| Attends meetings and events as required |  |  |  |
| Responds in a timely manner to requests from administrators |  |  |  |
| Interacts with colleagues and students in a collegial manner |  |  |  |
| Demonstrates commitment to University, School, and Department missions |  |  |  |
| Participates in the development and modification of programs and courses |  |  |  |
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| University Compliance Comments: |
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| **EVALUATION SUMMARY COMMENTS:** |
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| Instructor’s Signature: |  |
| *Faculty signature indicates this evaluation was discussed with him/her, and is not intended to infer agreement.* | Date: |  |

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| Evaluator’s Signature: |  |
|  | Date: |  |

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| Dean’s Signature: |  |
|  | Date: |  |