

# **Online Adjunct Faculty Evaluation Form**

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| Date: |  |
| Adjunct Faculty Member’s Name: |  |
| Class Observed: |  |
| Location: |  |
| Evaluator’s Name |  |

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| **CLASSROOM MANAGEMENT AND ORGANIZATION** | | | |
|  | **Needs Improvement** | **Meets Expectations** | **Exceeds Expectations** |
| Course is prepared and set up before classes begin |  |  |  |
| Prepared a course syllabus that attends to University and Department standards |  |  |  |
| Creates a positive and supportive learning environment |  |  |  |
| Substantive interaction between students and instructor-student is evident |  |  |  |
| Provides weekly updates about course items to students |  |  |  |
| Incorporates real life experiences into the class |  |  |  |
| Logs in regularly to course shell |  |  |  |
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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 |  |  |  |
| Provides answers and explanations to virtual office posts and emails within 24-48 hours |  |  |  |
| Meaningful feedback on student assignments is provided within a publicized and reasonable time frame |  |  |  |
| Instructor facilitation of class discussions by encouraging, probing questioning and summarizing, etc. |  |  |  |
| Modifies, when appropriate, instructional methods and strategies to meet diverse student needs |  |  |  |
| 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: |  |