Adjunct/Visiting Faculty Evaluation Form

The goals for Adjunct/Visiting Faculty Evaluations are as follows:

1. To measure the effectiveness of the faculty performance and to identify and provide assistance for improvement.
2. To ensure that the department’s teaching and scholarship mission and outcomes are being met.
3. To provide criteria for reappointment.
4. To encourage continued professional growth.

Supervising department heads and/or program coordinators should complete this form for each adjunct/visiting faculty member who has been employed during the current semester. The evaluation should be performed by the end of the semester. Please use similar information as for the evaluation faculty members, such as student evaluations, syllabi, course observations, class visits, grades, etc.

Name of adjunct/visiting faculty member: Name of Reviewer:

Department:

**Courses taught in the past semester:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Prefix &****Number** | **Course Title** | **Semester/Year** | **Enrollment** | **Average Student****Rating** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Assessment:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Teaching** | FME | NI | ME | EE | EX |
| Syllabi | ☐ |[ ] [ ] [ ] [ ]
| Class Preparation and Course Organization |[ ] [ ] [ ] [ ] [ ]
| Ability to Convey Content |[ ] [ ] [ ] [ ] [ ]
| Office Hours and Availability |[ ] [ ] [ ] [ ] [ ]
| Professional Behavior with Students and Faculty |[ ] [ ] [ ] [ ] [ ]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Research** | FME | NI | ME | EE | EX |
| Productivity |[ ] [ ] [ ] [ ] [ ]
| Collaborations and Collegiality |[ ] [ ] [ ] [ ] [ ]
| **Service** | FME | NI | ME | EE | EX |
| Service Goals Clearly Stated |[ ] [ ] [ ] [ ] [ ]
| Service Goals Met |[ ] [ ] [ ] [ ] [ ]
| **Others** | FME | NI | ME | EE | EX |
|  |[ ] [ ] [ ] [ ] [ ]
|  |[ ] [ ] [ ] [ ] [ ]

**FME: Fails to Meet Expectations**

**NI: Needs Improvement**

**ME: Meets Expectations**

**EE: Exceeds Expectations**

**EX: Exemplary**

**Optional Notes:**

**ACKNOWLEDGEMENT:**

This evaluation has been reviewed and discussed with the evaluated party

Date Evaluation has been Prepared:

Date Evaluation has been Presented to the Evaluated Party:

YES

NO

*Once the evaluation is completed the adjunct faculty member will be given a copy and a copy will be filed in the department.*