

**NAZARETH UNIVERSITY**

**ADJUNCT FACULTY EVALUATION FORM**

Adapted from Arreola, R. (2007) *Developing a comprehensive Faculty Evaluation System*.

Goals for Adjunct Faculty Evaluation include:

1. To evaluate the overall effectiveness of instructor teaching.
2. To provide formative feedback regarding areas of strength and areas of growth as an instructor.
3. To assess content and pedagogical knowledge as it relates to the course.
4. To provide a space for instructor to share course related professional development experiences or scholarly endeavors (Optional).
5. To document a formal measure of evaluation has occurred before future course assignments are made.

**INSTRUCTOR NAME:**

**UNIT:**

**SEMESTER:**

**YEAR:**

**COURSES TAUGHT:**

**PREFIX AND NUMBER**

**TITLE**

**CREDIT HOURS**

**EVALUATION**

**SYLLABI:** Were the syllabi available and consistent with University/unit expectations?

**COURSE EVALUATIONS:** Were teaching/supervisory evaluations completed for designated courses?

**Please rate the following using this rating scale regarding performance:**

**Exceeds/Successfully Meets/Developing Needs Improvement/Unsatisfactory**

**CONTENT KNOWLEDGE:**

- Demonstrates knowledge of discipline
- Demonstrates competence with course content

**SUPPORTING COMMENTS/EVIDENCE:**

**COURSE ORGANIZATION AND PLANNING:**

- Prepares course materials to promote student interest and learning
- Attends to active learning pedagogy and student engagement
- Designs teaching to the diverse needs of students

**SUPPORTING COMMENTS/EVIDENCE:**

**COMMUNICATION AND DELIVERY**

- Uses effective instruction techniques and tools
- Uses class time effectively

**SUPPORTING COMMENTS/EVIDENCE:**

**UNIVERSITY POLICY/PROCEDURAL PRACTICES:**

- Adheres to established University, department and discipline policies and procedures (e.g. roster verification, grading, final exams, course evaluations)
- Available for student support outside of class

**SUPPORTING COMMENTS/EVIDENCE:**

**COURSE RELATED PROFESSIONAL ENGAGEMENT AND SCHOLARLY ACTIVITY (optional)**

How was evaluation shared with faculty member? Electronically      Paper

Department Chair/Supervisor

Date

I understand that by signing this appraisal, I am not necessarily indicating agreement with the ratings, but am acknowledging that the department chair/associate dean or designee has reviewed and discussed this evaluation with me.

Adjunct Faculty Member

Date