ANNUAL EVALUATION OF ADJUNCT FACULTY MEMBERS

Name_________________________________________________________ Department/Program______________________________________________

Academic Year__________________________ Chair/Director________________________________________________________

Summer Course(s) __________ Fall Course(s) __________ Spring Course(s) __________

All part-time members of the faculty must be evaluated annually by their Department Chair or Program Director in order to ensure continuing teaching effectiveness and to provide feedback for improvement, as mandated by standards for accreditation. This evaluation must include periodic peer observation, required for all non-tenured members of the faculty by the Faculty Handbook (Section 3.3.3.1.2); although direct observation does not need to be annual, it should take place in the first semester of teaching and at least once every two years thereafter. The completed annual evaluation should be submitted to your Dean, with a copy to the adjunct faculty member, by June 15 each academic year.

NOTE: Adjuncts whose teaching is not evaluated will not be hired in subsequent years.

To be completed by the Department Chair or Program Director:

1) I have reviewed student rating of instruction in the above course or courses:

   Summer session: Yes□ No□ N/A□
   Fall semester: Yes□ No□ N/A□
   Spring semester: Yes□ No□ N/A□

2) At least one member of my dept/program has observed the instructor in the classroom at least once in the last two academic years:

   Yes□ No□

3) Based on SRI and peer observation, my rating of the teaching effectiveness of the instructor is:

   Below expectations□ Meets expectations□ Exceeds expectations□

4) Provide a brief narrative evaluation of the quality of instruction by the instructor, based on SRI, direct observation (if undertaken), and other relevant information:

   ____________________________________________________________

Signature of Dept Chair/Program Director_________________________ Date: ________________

ADJUNCT FACULTY NOTIFICATION

I have read and had the opportunity to discuss this document with my Chair/Director. My signature does not necessarily indicate approval.

Signature of adjunct: ___________________________________________ Date: ________________

Please return this form by June 15 to the appropriate Dean, who will review it and place it in the personnel file.