

ADMINISTRATIVE EVALUATION OF FACULTY PERFORMANCE

Faculty Name _____ Evaluation Term/Year _____

Insert an “x” in the box corresponding to performance of each component. Provide specific examples of actions, techniques, or behaviors that support the choice for each of the behaviors.

Classroom Instruction: Course Observed _____ Observation Date _____ Time of Observation: From _____ To _____	Recognized Strength	Satisfactory Performance	Needs Improvement	Not Applicable
Maintains classroom atmosphere, which is supportive of learning.				
Uses instructional materials, technology and equipment effectively.				
Gives easily understood directions and explanations.				
Presentation to class stimulates learning in the classroom.				
Uses teaching methods, which accommodate different learning styles.				
Exhibits enthusiasm about subject matter being taught in the classroom.				
Responds to and is concerned about issues students bring up about the course.				
Non-Classroom Aspects	Recognized Strength	Satisfactory Performance	Needs Improvement	Not Applicable
Works effectively with others in committees, on projects and as a part of teams.				
Participates in professional development activities (can include Faculty Teaching Center events), which are offered on campus during contractual days.				

Indicate by check mark, which of the following expected documents, policies and procedures are up-to-date for this faculty member. Those items left blank will need to be

completed before this evaluation process is considered finished. Attach documentation and note comments in designated sections.

	Yes	No	Not applicable
Has current syllabi (developed in conjunction with the Course Information Guide) on file in the Office of Instruction			
Has an up-to-date record of students' assignments, exams and attendance (if appropriate) available.			
Lists in the syllabus an ADA non-discrimination clause.			
Lists in the syllabus and clause indicating that unforeseen changes in expectations might occur during the term.			
Lists in the syllabus the requirements (if any) for attendance.			
Lists in the syllabus the requirements (if any) for participation.			
Lists in the syllabus what his/her office hours are for the term in progress			

- **Summarize areas of strength:**

- **Summarize areas of weakness with accompanied suggested remedy:**

EVALUATOR _____ TITLE _____

Time/ Date of Evaluation Conference _____

SIGNATURE _____ DATE _____

INSTRUCTOR'S COMMENTS:

INSTRUCTOR'S SIGNATURE _____

The instructor's signature indicates that this completed evaluation document has been reviewed by the instructor, but does not necessarily indicate agreement with its content.

Insert Completion Date

Copies to Administrator/Branch and instructor

Assigned reviewer (Provost or VP of Institutional

Advancement) reviews: name of reviewer:

Reviewer approval

Signature

Evaluation to HR