Fall 2026

Adjunct Instructor Teaching Evaluation Form

Supervising department chairs/program coordinators/directors/dean should complete this form for adjunct instructors each semester.

Name of adjunct instructor: _____

Name(s) of reviewer: _____

Department/School/College: _____

Courses taught this semester:

Course prefix/ number	Course title	Semester	Year	Enrollment

Please evaluate the adjunct instructor based on data from student evaluations, peer classroom observations and/or supervisor's classroom observations.

Evaluative Comments:

a. **Overall design of the course:**

b. **Appropriateness of assignments and assessments:**

c. **Delivery of Course**

d. **Factors affecting effectiveness of instruction (e.g. course enrollment, in adequate preparation time, etc.)**

e. **Overall Comments:**

Is this adjunct instructor eligible for future adjunct instructor appointment?

☐ **Yes** ☐ **No**

_____ _____

Signature of Reviewer **Date**

The supervising department chair/school director/program coordinator/ director/dean will keep the original in the Department/School Office or College Dean's Office.

5/2014