

# 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/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 chairs/program coordinators/directors/dean will keep the original in the Department Office or Dean's Office.**

**5/2014**