

Adjunct Faculty Observation and Evaluation Form
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Adjunct Faculty Name: _____

Department: _____

Reviewer: _____

Academic Year / Semester: _____

Course: _____

Date of observation: _____

Tools used in this review: (Please circle all that apply)

Classroom observation

Student Evaluations

Other: _____

Classroom Evaluation**Brief description of lesson observed:****Instructor's knowledge of the topic:****Methods of instruction used:****Classroom management:**

Did the adjunct faculty member....

1. Communicate material effectively?
2. Encourage student participation?
3. Use a variety of learning materials?
4. Provide student with an organized learning environment?
5. Show respect for students at all times?

Strengths demonstrated in this observation:

Areas for development:

Department/Institution Participation

Department Involvement:

Attention to institutional deadlines:

Departmental policy/procedure compliance:

Professional Development

Description of adjunct faculty member's previous professional development goal: (if applicable)

1. What actions were taken to accomplish this goal?
2. How did the accomplishment of this goal impact student learning?
3. Were these goals developed in conjunction with Department Chair or Program Coordinator?

Professional Development Goals for the next review:

Overall Review:

_____ **Needs Improvement**

_____ **Satisfactory**

_____ **Exceeds Expectations**

Recommended Action Plan:

Employee Comments:

Adjunct Faculty Signature: _____

Reviewer Signature: _____

Date of next review/observation: _____