

Part-Time Faculty Evaluation Form

Faculty member name: _____ Department: _____

Period of evaluation: From _____ To _____ Level _____

Courses taught during this period:

Year	Semester	Mode	Course	Number of sections

Evaluation: 1 = exceeds expectations 2 = meets expectations 3 = does not meet expectations

	1 – 3
Created and distributed complete syllabi according to departmental guidelines	
Performed all teaching duties as scheduled	
Followed exam schedules per department and university policies	
Submitted midterm and final grades accurately and on time	
Fulfilled assessment and reporting obligations	
Maintained office hours according to departmental guidelines	
Exhibited appropriate interpersonal skills in dealing with colleagues, students, and staff	
Engaged students effectively as reflected by evaluations	
Demonstrated involvement in improving student academic outcomes and retention	
Responded promptly and in accordance with policies in cases of student concerns or grievances	
Overall rating	

Evaluator Comments:

Evaluator printed name: _____

Role of evaluator (chair, program coordinator, etc.): _____

Evaluator signature/date: _____

Faculty signature/date: _____

Faculty Comments:

Chair signature/date: _____

Dean signature/date: _____