

OVERALL PERFORMANCE FORM FOR ADJUNCT FACULTY

Adjunct Faculty Member _____

Department/Division _____

Semester(s) Covered in this Evaluation _____

The Dean/designee should indicate for each category whether the performance of the adjunct faculty member was Satisfactory or Unsatisfactory. You may comment as appropriate on each category. Please attach a copy of the Summary Student Evaluation(s) and a copy of the Classroom Observation Evaluation.

Student Evaluations: _____

Comments:

Class Observation: _____

Comments:

Other Responsibilities: _____

Comments:

Please note that overall responsibilities include (a) teaching assigned courses in accordance with approved course descriptions and class schedules; (b) maintain accurate student records; (c) following applicable college administrative procedures and (d) being available at reasonable times to confer with students outside of class.

Overall performance: _____

Comments:

Signature of Adjunct Faculty Member _____

Signature and date of Dean/designee _____