

Adjunct Faculty Teaching Evaluation Form

Supervising department chairs or program coordinators should complete this form for each adjunct faculty member who taught at least one course during the current academic year. For the complete adjunct faculty evaluation process see the “Adjunct Faculty Teaching Review Policy” available on the Academic Affairs Forms and Resources page.

Name of adjunct faculty member: _____

Name(s) of reviewer: _____

Department: _____

Courses taught in past year:

Course prefix/ number	Course title	Semester	Year	Enrollment

Please evaluate the criteria below based on your review of syllabus, students’ grades, students’ evaluations of teaching, and the instructor’s statement. If the reviewer prefers, criteria may be scored separately for each course listed above (attach additional copies of the table below).

Evaluation Criteria	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	NA
1. The instructor’s syllabi are carefully crafted, well organized, and contain appropriate information.						
2. Amount and type of readings and other teaching materials for the courses seem appropriate.						
3. Assignments (tests and other graded work) assess the student’s learning.						
4. The courses are effectively organized.						
5. The instructor is well-prepared for classes.						
6. The courses demand an appropriate level of intellectual rigor for students.						
7. Grading criteria are clear and implemented as stated on syllabus.						
8. The instructor maintains regular office hours or otherwise makes himself/herself available to students for questions and assistance.						
9. The instructor serves as an available and helpful advisor.						
10. The instructor behaves in a professional manner toward students and colleagues and follows university policies and meets administrative deadlines.						

Additional reviewer comments (feel free to attach a separate document):

Adjunct faculty member's comments (feel free to attach a separate document):

We acknowledge that we have reviewed and discussed this evaluation.

Name of Reviewer (print or type)

Signature of Reviewer _____ **Date**

Signature of adjunct faculty member _____ **Date**

The adjunct faculty member will be given a copy of this evaluation form. The supervising chair will keep a copy in the Department Office, and the original will be given to the Associate Dean for Faculty Affairs, Vilas 103.