

Instructor: _____

Year: _____

Annual Performance Review for Part Time Lecturer

Teaching

<i>Course Number</i>	<i>Title</i>	<i>Semester</i>	<i>overall average for questions 8-16</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Instructor's range (overall average for questions 8-16) _____ (low) _____ (high)

Department's range (overall average for questions 8-16) _____ (low) _____ (high)

Other responsibilities (e.g., workshops, committees, technology assistance)

Strengths (cite evidence, e.g., syllabus, student comments, classroom observations)

Weaknesses (cite evidence, e.g., syllabus, student comments, classroom observations)

Summary

- ____ not proficient
- ____ proficient
- ____ highly proficient
- ____ exceptional

I have read this evaluation and I understand that I have five (5) working days in which to respond in writing.

Signature of faculty member _____
date

- ____ I will not be responding to this evaluation
- ____ I will be responding to this evaluation.

Evaluator's name and position (printed)_____

Signature of evaluator _____
date