

Instructor: _____

Year: _____

Annual Performance Review for Part Time Lecturer and Graduate Teaching Assistant

Teaching:

<i>Course Number</i>	<i>Title</i>	<i>Semester</i>	<i>overall average for questions 1-13</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Instructor's range (overall average for questions 1-13) _____ (low) _____ (high)

Department's range (overall average for questions 1-13) _____ (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