THE UNIVERSITY OF FINDLAY

Annual Part-Time Faculty Evaluation

(Insert Current Academic Year) Academic Year

Part-Time Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Submitted to Program Director/Chairperson/College Dean: \_\_\_\_\_\_\_\_\_\_\_

The process for part-time faculty evaluation will be as follows:

Part-time faculty members complete a self-evaluation following this template. In programs facilitated by program directors, the self-evaluation is shared with the program director for comments and then goes to the chairperson for review and comments. The evaluation is then sent to the college dean for review and comments. In programs facilitated by chairpersons, the self-evaluation is shared with chairperson for comments and then forwarded by the chairperson to the college dean for review and comments.

The evaluation with program director (if applicable), chairperson and college dean comments is then sent back to the part-time faculty member, who may elect to add additional comments. College deans, chairpersons, and/or program directors may also schedule meetings with the evaluated part-time faculty member as part of the review process. The final evaluation with program director (if applicable), chairperson and college dean comments and part-time faculty comments after the review (if needed) is forwarded to the Vice President for Academic Affairs by the college dean.

Each part-time faculty member is encouraged to confer with the program director (if applicable), chairperson, and/or college dean, as self-evaluations are being completed. While a review of course instruction is conducted each semester by the appropriate program director or chairperson, this evaluation form is to be completed once per year. Time lines for submission will be established by each college so that final evaluation documents will be delivered to the Office of the Vice President for Academic Affairs and Dean of the Faculty no later than October 1.

**Teaching Assignment**

|  |  |
| --- | --- |
| **Course Number(s)** | **Name(s) of Courses** |
| Fall term\* |  |
| (insert course prefix and number and you may add additional rows if needed) | (insert course name and you may add additional rows if needed) |
| Spring term\* |  |
| (insert course prefix and number and you may add additional rows if needed) | (insert course name and you may add additional rows if needed) |
| Summer term\* |  |
| (insert course prefix and number and you may add additional rows if needed) | (insert course name and you may add additional rows if needed) |

\*If a course was team-taught, please describe your contribution.

**Teaching Responsibilities**

Please refer to the associated rubrics and use the following ratings in regards to each of the following evaluation items.

Below Expectations    Meets Expectations    Exceeds Expectations

|  |  |  |  |
| --- | --- | --- | --- |
| **Evaluation Item** | **Below** | **Meets** | **Exceeds** |
| 1. Clarity of syllabus |  |  |  |
| 2. Students' understanding of course content |  |  |  |
| 3. Appropriateness of class materials |  |  |  |
| 4. Effectiveness of instructional activities |  |  |  |
| 5. Application of new knowledge and skills |  |  |  |
| 6. Attainment of goals and objectives of course |  |  |  |
| 7. Knowledge of course content |  |  |  |
| 8. Preparation for class |  |  |  |
| 9. Student learning |  |  |  |
| 10. Assistance to students |  |  |  |
| 11. Grades were clearly delineated |  |  |  |
| 12. Appropriate and timely feedback |  |  |  |
| Please reflect on the changes and/or innovations made in your teaching during the last year. | | | |
| Please establish goals in regards to your teaching for the upcoming year. | | | |

**High Quality Professional Development Activities**

|  |  |  |
| --- | --- | --- |
| Date of Activity | Description of Development Activity with Citation, if appropriate. | Relationship to Teaching Responsibilities |
|  |  |  |
|  |  |  |
|  |  |  |
| Please reflect on the high quality professional development activities you engaged in during this evaluation period as well as plans for the upcoming academic year. | | |

**Optional Contributions of the Part-Time Faculty Member**

Refers to scholarship activities, service accomplishments, accreditation endeavors, or any other contributions you would like to document within this self-evaluation.

|  |  |  |
| --- | --- | --- |
| Date of Activity | Description of Contribution | Relationship to Teaching Responsibilities |
|  |  |  |
|  |  |  |
|  |  |  |

**Program Director Comments:**

**Chairperson Comments:**

**College Dean Comments:**

**Additional Part-Time Faculty Member Comments (if needed after the Program Director/Chairperson/College Dean comments):**

**Faculty Member Signature and Date** (Note, a faculty member may either sign this form and return electronically or submit an e-mail to the college dean indicating that they have read and accepted the evaluation instead of including a signature.)

**Program Director (if applicable) Signature and Date**

**Chairperson Signature and Date**

**College Dean Signature and Date**