

## Recommended Temporary Faculty Evaluation Report

Name of Lecturer: \_\_\_\_\_

Name of Reviewer: \_\_\_\_\_

Period Covered During this Review: \_\_\_\_\_

Courses Taught: \_\_\_\_\_

<b><u>Teaching Effectiveness:</u></b>	<b>Ratings (1-5)</b> <b>(1=high; 5=low)</b>
Course Materials (e.g., syllabi)	_____
Perceived Teaching Effectiveness (numerical score)	_____
Perceived Teaching Effectiveness (student commentary)	_____
Classroom Visitation(s)	_____

### **Narrative Assessment:**

#### **Strengths:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### **Improvement Needed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **OVERALL EVALUATION: (Check Box)**

**Excellent      Very Good      Good      Fair      Unsatisfactory**

\*I certify that this report has been discussed with me. I understand that my signature does not indicate agreement

\_\_\_\_\_  
**Lecturer Signature**

\_\_\_\_\_  
**Date**