

## EVALUATION FORMS FOR LECTURERS AND ADJUNCTS

Name \_\_\_\_\_

Date of Observation \_\_\_\_\_

Department \_\_\_\_\_

Discipline \_\_\_\_\_

Original Hire Date \_\_\_\_\_

1. Does the instructor exhibit the ability to teach, i.e., to help students learn?

Yes

No

2. Does the instructor have an acceptable classroom management technique, as evidenced by the following:

a. demonstrates a clear understanding of the material:

Yes

No

b. manages disruptions appropriately:

Yes

No

Usually

c. utilizes time effectively and efficiently so optimal learning occurs (uses class time for activities that require peers or an instructor):

Yes

No

d. responds to questions effectively & creates a positive learning environment:

Yes

No

3. Does the instructor utilize an appropriate teaching style, as evidenced by the following:

a. encourages active participation of students using a variety of activities:

Yes

No

b. provides students with opportunities to reinforce oral/aural skills, grammar, vocabulary, culture, reading and writing, as appropriate:

Yes

No

c. makes appropriate use of textbook and /or online or other authentic materials:

Yes

No

d. makes clear the purpose or goals of activities/ exercises:

Yes

No

4<sup>1</sup>. Does the instructor adhere to the curriculum (course content, goals, and objectives) as determined by the department or course coordinator?

Yes

No

5<sup>2</sup>. Does the instructor maintain appropriate records?

Yes

No

6. Comments and Suggestions for Improvement by the Evaluator:

7. Comments and Responses by the Instructor:

#### SIGNATURES

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1, 2</sup>This will be determined by the Department Head in consultation with the coordinator of multi-section courses or in consultation with the Instructor.