



PERFORMANCE EVALUATION OF ADJUNCT FACULTY

This evaluation of teaching summary form is to be completed by the adjunct faculty member's department chair, school director, or other appropriate unit supervisor at the end of each term or academic year for which s/he is employed at FIU.

Name of person evaluated _____ Department _____

Period of Evaluation _____

COURSES TAUGHT

Term	Course Prefix & #	Section	Course Name

PERFORMANCE PROFILE

Category	Evaluation rating**	Performance Evaluation
Comments are required for each evaluation rating. Detailed and comprehensive comments must be provided for Outstanding, Conditional, and Unsatisfactory ratings. Please attach additional pages as necessary.		
A. Instructional Activities		EVALUATOR'S COMMENTS on <i>instructional activities</i> :
Average FTE* _____		
B. Other University Duties		EVALUATOR'S COMMENTS on <i>other university duties</i> :
Average FTE* _____		

*Weighted FTE for the categories described above over the semester in the evaluation period.

**Evaluation choices are: Outstanding, Above Satisfactory, Satisfactory, Conditional and Unsatisfactory. Please attach additional pages as necessary.

PLEASE COMPLETE ADDITIONAL ITEMS ON THE NEXT PAGE



OVERALL EVALUATION ASSESSMENT:

EVALUATOR SIGNATURE:

I hereby certify that the data outlined in this evaluation has been derived from the following faculty, students, self and other university officials as appropriate.

Evaluator's printed or typed name

Evaluator's signature

Date

COMMENTS BY PERSON EVALUATED

I acknowledge receiving my evaluation summary

Adjunct's signature

Date

Associate Dean's signature

Date