Broward College
ADJUNCT FACULTY EVALUATION

The purpose of the teaching Faculty evaluation is to: (a) Promote the highest quality instruction (teaching/learning); (b) Encourage the highest quality performance by Faculty; (c) Encourage professional growth and development of Faculty and, (d) Assess the effectiveness of instruction and course materials.

Name: ____________________________  Term and Academic Year: ____________________________  
Campus: ____________________________  Teaching Discipline: ____________________________  

BCC Policy 6Hx2-3.07 states that each adjunct Faculty member shall be evaluated annually. A newly hired adjunct Faculty member shall be observed in the learning environment in the first term that he/she teaches at the College by his/her immediate supervisor and thereafter shall be observed while performing his/her teaching assignment if deemed necessary by the immediate supervisor.

ADJUNCT STATUS: New: __________  Returning: __________  
CLASSROOM OBSERVATION DATE(s): ____________________________ (when appropriate)  

**Satisfactory** – Meets expectations of criteria.  **Needs Improvement** – Does not meet expectations of criteria.

<table>
<thead>
<tr>
<th>EVALUATION CRITERIA</th>
<th>Satisfactory</th>
<th>Needs Improvement</th>
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</thead>
<tbody>
<tr>
<td>1. Effectiveness in the performance of instruction.</td>
<td>☐</td>
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<td>2. Effectiveness in establishing and maintaining positive professional relationships with colleagues.</td>
<td>☐</td>
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<tr>
<td>3. Effectiveness in establishing and maintaining positive professional relationships with students.</td>
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<td>4. Competence in the particular discipline or field of specialization.</td>
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<td>5. Adherence to policies, procedures, and regulations of Broward Community College.</td>
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OVERALL RATING

Narrative by Department Head (Written narrative required if needs improvement is indicated)

Comments by Adjunct Faculty Member (optional)

I understand that signatures on this form do not imply future employment, nor do they necessarily indicate agreement with the evaluation.

Adjunct Faculty Member Signature – Date ____________________________  
Department Head Signature – Date ____________________________  

Academic Dean/Center Administrator – Date ____________________________  

Filed with adjunct faculty member, adjunct’s supervisor, Personnel Office