

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.

EVALUATION CRITERIA	Satisfactory	Needs Improvement
1. Effectiveness in the performance of instruction.	<input type="checkbox"/>	<input type="checkbox"/>
2. Effectiveness in establishing and maintaining positive professional relationships with colleagues.	<input type="checkbox"/>	<input type="checkbox"/>
3. Effectiveness in establishing and maintaining positive professional relationships with students.	<input type="checkbox"/>	<input type="checkbox"/>
4. Competence in the particular discipline or field of specialization.	<input type="checkbox"/>	<input type="checkbox"/>
5. Adherence to policies, procedures, and regulations of Broward Community College.	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL RATING	<input type="checkbox"/>	<input type="checkbox"/>

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