

ADJUNCT FACULTY PERFORMANCE REVIEW  
(Please print form)

Name: \_\_\_\_\_

Year \_\_\_\_\_

The performance of each part-time faculty will be evaluated annually based upon student evaluations, student performance, and classroom performance as determined by the department chair, along with any additional comments by the branch campus supervisor, if applicable. The supervisor(s) will review these items and document such by signing below.

**I. Student Evaluations Excluding Question 15: "Expected Grade" (4 point scale)**

A. Range (lowest to highest) \_\_\_\_\_

B. Lowest Areas (mean score and description of item)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

C. Highest Areas (mean score and description of item)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**II. Student Performance**

A. GPA

Instructor \_\_\_\_\_ Dept. \_\_\_\_\_ Div. \_\_\_\_\_ AC \_\_\_\_\_

B. Grade Distribution (percentage)

A's \_\_\_\_\_ B's \_\_\_\_\_ C's \_\_\_\_\_ D's \_\_\_\_\_ F's \_\_\_\_\_

C. Attrition (percentage of F's and W's)

Instructor \_\_\_\_\_ Dept. \_\_\_\_\_ Div. \_\_\_\_\_ AC \_\_\_\_\_

**III. Classroom Performance Comments** (See attachments if applicable.)

**IV. Branch Campus Executive Director Comments** (if applicable)

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Branch Campus Executive Director Signature (if applicable)

\_\_\_\_\_  
Date