

Part-time Faculty Performance Evaluation Form

In order to guide fair distribution of MERIT increases as stipulated in Article IX of the Labor Agreement between Syracuse University and Adjuncts United, the following questions should be answered as described below. Finally, please provide an overall evaluation using the 4-point scale as indicated. The evaluation period includes the **previous calendar year**.

Faculty Name: _____ SUID: _____ Appointment Dates/Terms: _____

School/College: _____ Department: _____

Evaluator Name(s): _____ Date Completed: _____

(1) Check the number that best represents the extent to which the instructor has met expectations as stated in her/his appointment letter:

(4)

Far Exceeds

(3)

Exceeds

(2)

Meets

(1)

Does Not Meet

Comments:

(2) Check the number that best represents the extent to which the instructor's course evaluations have met departmental standards:

(4)

Far Exceeds

(3)

Exceeds

(2)

Meets

(1)

Does Not Meet

Comments:

(3) Check the number that best represents the extent to which the instructor's class planning and implementation were appropriate for the course and class focus/content/topic and met departmental norms for classroom interaction:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)	(3)	(2)	(1)
Far Exceeds	Exceeds	Meets	Does Not Meet

Comments:

(4) Are there additional contributions the instructor has made during the period covered by the current contract? Please describe.

(5) Are there additional factors (not addressed in 1-4 above) that affect your evaluation of this instructor? Please explain.

(6) **Overall Performance Appraisal (please check one below):**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excellent	Good	Fair	Poor

(7) Recommendation (please check one below):

Rehire/Renew

Maintain Current Terms

Remediate

Do not renew/rehire

Evaluator's Signature

Print

Date

Faculty Member Acknowledgement:

I have reviewed this document with my evaluator. My signature indicates that I have read it and participated in these discussions, but does not necessarily imply my agreement. Any areas of disagreement are noted in my comments on the attached sheet. I understand that, upon my request, I am entitled to receive a copy of the final completed form.

Faculty Member's Signature

Print

Date

The faculty member should receive a copy to review and sign. Once signed, the faculty member should return the original to the Evaluator. The Evaluator should then forward the original document to Academic Human Resources, Skytop RM 101. The school/college may also maintain a copy for its records.