## UNIVERSITY OF CENTRAL FLORIDA PERFORMANCE EVALUATION OF ADJUNCT FACULTY

This performance evaluation form is to be completed by the adjunct faculty member's immediate supervisor at the same time regular faculty are evaluated. For more information, please refer to the <u>Adjunct Faculty Performance Evaluation</u> <u>Procedures</u> document or call the office at (407) 823-1113.

**COURSES TAUGHT (if applicable)** 

Period of Evaluation

Department/Unit

Name of person evaluated \_\_\_\_\_

College/VP Area

course prefix & #	sect.	course name		course prefix & #	sect.	course name	
			PERFORMAN	NCE PROFILE			
			Performance Evaluation				
Category		luation ting**	Comments are required for each evaluation rating. <u>Detailed and comprehensive</u> comments must be provided for Outstanding, Conditional, and Unsatisfactory ratings. Please attach additional pages as necessary.				
A. Instructional Activities			EVALUATOR'S COMMEN	ITS on instructiona	l activities:		
Average FTE*	Choices	are:					
B. Other University Duties			EVALUATOR'S COMMEN	ITS on other unive	rsity duties:		
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\*\*Evaluation choices are: Outstanding, Above Satisfactory, Satisfactory, Conditional and Unsatisfactory. Please attach additional pages as necessary.

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

PLEASE COMPLETE ADDITIONAL ITEMS ON THE NEXT PAGE

Average FTE\*

OVERALL EVALUATION ASSESS	Choices are:			
EVALUATOR SIGNATURE:				
Immediate Supervisor				
Print Name	Sign Name		Date	
Department/Unit Head (if different)				
Print Name	Sign Name		Date	
COMMENTS BY PERSON EVAL	UATED			
I acknowledge receiving my evaluation	on summary.			
Adjunct's signature		Date		

The original AA-17a signed by all appropriate parties should be retained in the adjunct employee's evaluation file in the dean's or VP's office of the unit that completed the evaluation.