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| RATED EMPLOYEE IDENTIFICATION | |
| ***Name of Adjunct Faculty (Last, First, MI)***  Click here to enter text. | ***Name of Reviewer***  Click here to enter text. |
| ***Title***  Click here to enter text. | ***Reviewer Title***  Click here to enter text. |
| ***Courses Taught***  Click here to enter text. | |

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| Section I To be completed by the faculty member: |
| Position-Specific Performance |
| ***1a. Areas of good or exceptional work specific to the course(s) taught.***  Click here to enter text. |
| ***1b. Challenges to improve student learning in the course(s) to be taught in subsequent semesters or Ozarka support needed to enhanc e your***  ***area or professional abilities.***  Click here to enter text. |

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| Section II To be completed by the reviewer: |
| *2. Provide specific comments to each of the following as your personal assessment of accomplishment of the tasks expected to be completed for*  *this review year. Comment specifically on the following areas:* |
| ***A. Teach assigned courses in an effective manner as well as maintaining open communications with the division Chairperson.***  Performance Rating: [] Exceeds Standards [] Above Average [] Satisfactory [] Unsatisfactory  Click here to enter text. |

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| ***B. Provide suggestions to Division chair and colleagues to enhance the quality of curriculum.***  Performance Rating: [] Exceeds Standards [] Above Average [] Satisfactory [] Unsatisfactory  Click here to enter text. |

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| ***C. Effectively promote completion of course evaluations by students.***  Performance Rating: [] Exceeds Standards [] Above Average [] Satisfactory [] Unsatisfactory  Click here to enter text. |
| ***D. Provide thoughtful and effective course assessment.***  Performance Rating: [] Exceeds Standards [] Above Average [] Satisfactory [] Unsatisfactory  Click here to enter text. |

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| ***E. Perform all duties and responsibilities of an Ozarka College faculty member as outlined in a timely and effective manner. Also shows a***  ***dedication to maintaining quality of work and a commitment to the profession.***  Performance Rating: [] Exceeds Standards [] Above Average [] Satisfactory [] Unsatisfactory  Click here to enter text. |

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| ***F. Overall Performance Assessment.***  Performance Rating: [] Exceeds Standards [] Above Average [] Satisfactory [] Unsatisfactory  Click here to enter text. |

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| *3. Specific Evaluations:* |
| ***Supervisor comments in regard to student evaluation of instruction, classroom observations, and instructor performance review. Attach appropriate documentation.***  Click here to enter text. |

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| Section III | |
| ***I, the supervisor, have discussed this review with the Faculty member.*** | |
| Supervisor Signature | Date |
| ***I, the Faculty member, have discussed this review with my supervisor. (Initial as appropriate)*** | |
| \_\_\_\_\_ I agree with this review  \_\_\_\_\_ I do not agree with this review  I understand that should I disagree with this evaluation that I may attach additional documentation to clarify my disagreement with my supervisor’s evaluation of my performance. | |
| Faculty Member Signature | Date |

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| ***I have reviewed this professional review and, (initial as appropriate)*** | |
| \_\_\_\_\_ I agree with this review  \_\_\_\_\_ I do not agree with this review and have marked this faculty member’s performance as:  **Overall Performance Assessment.**  [] Exceeds Standards [] Above Average [] Satisfactory [] Unsatisfactory | |
| Provost’s Signature | Date |