

Houston Community College System  
**ADJUNCT FACULTY EVALUATION**

*Please print or type to complete form.*

Employee's Name (Last, First, Middle):		Date of Evaluation:
Evaluation Period:	From:	To:
College:	Department/Discipline:	
Evaluator:	Title:	Date:

**Instructions for Evaluator:**

Faculty Evaluation (Adjunct)

A copy of this evaluation shall be given to Human Resources to be made a part of the instructor's permanent record.

**Evaluation Checklist:**

1. Prepares and uses a syllabus that meets department standards and requirements.	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs Improvement
2. Shows skills at getting students to participate actively in their learning.	<input type="checkbox"/> Exemplary <input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Professional Performance <input type="checkbox"/> NA/Unable to observe
3. Devises evaluation instruments/techniques that are well constructed, fair, reasonable, and consistent with subject matter being taught.	<input type="checkbox"/> Exemplary <input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Professional Performance <input type="checkbox"/> NA/Unable to observe
4. Uses a variety of teaching and evaluation strategies.	<input type="checkbox"/> Exemplary <input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Professional Performance <input type="checkbox"/> NA/Unable to observe
5. Organizes and presents subject matter effectively and efficiently.	<input type="checkbox"/> Exemplary <input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Professional Performance <input type="checkbox"/> NA/Unable to observe
6. Encourages students to think critically and analytically.	<input type="checkbox"/> Exemplary <input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Professional Performance <input type="checkbox"/> NA/Unable to observe
7. Treats students with patience, courtesy, and respect.	<input type="checkbox"/> Exemplary <input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Professional Performance <input type="checkbox"/> NA/Unable to observe
8. Is prepared for class, lab or shop with course content, supplies, and/or equipment.	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs Improvement
9. Keeps accurate student records.	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs Improvement
10. Meets class as scheduled, including beginning and ending class on time.	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs Improvement
11. Teaches subject matter that is consistent with course outline.	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Needs Improvement
12. Keeps abreast of developments in the discipline or content area.	<input type="checkbox"/> Exemplary <input type="checkbox"/> Needs Improvement	<input type="checkbox"/> Professional Performance <input type="checkbox"/> NA/Unable to observe

13. Works cooperatively with colleges and staff.	<input type="checkbox"/> Exemplary <input type="checkbox"/> Professional Performance <input type="checkbox"/> Needs Improvement <input type="checkbox"/> NA/Unable to observe
14. Maintains appropriate communication with supervisor.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement

**Department Specific Items (Optional):**

Instructional Techniques Observed (Check as many as applies):	<input type="checkbox"/> Lecture <input type="checkbox"/> Demonstration <input type="checkbox"/> Drill <input type="checkbox"/> Group Learning <input type="checkbox"/> Individual Drill

**ONLY FOR COMPUTER LAB COURSES**

15. Shows concern for proper care of equipment.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> No
16. Gives clear and concise explanations and demonstrations.	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> No

**Evaluator's Summary Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**This instrument does not prohibit, imply or guarantee future employment at HCCS.**

**Employee's Comments (if any):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The instructor's signature acknowledges that this observation/evaluation has been reviewed with him/her, but does not signify that he/she concurs with the information above.