

NORTH CAROLINA AGRICULTURAL AND TECHNICAL STATE UNIVERSITY
OFFICE OF ACADEMIC AFFAIRS
PART –TIME FACULTY EVALUATION FORM

Name:

Rank:

School:

Department:

DIRECTIONS

Please customize this form to suit the needs of your department and your course outcomes. Include the completed and signed form with the ISAF. The form will be added to the faculty’s activities in Digital Measures.

Semester and year:

Courses taught:

- 1.
- 2.
- 3.
- 4.

CRITERIA	S U P E R I O R	A B O V E A V E R A G E	A V E R A G E	M A R G I N A L	U N S A T I S F A C T O R Y	N O T A P P L I C A B L E	N O T O B S E R V E D
I. Teaching Performance							
A. Exhibits knowledge of subject matter.							
B. Makes effective use of teaching aids.							
C. Demonstrates skill in oral and written communication.							
D. Conducts effective student evaluations.							
E. Participates in departmental and interdepartmental activities.							

Signed _____
Department Head

Date _____

This is to certify that I have reviewed this evaluation form and received a copy for my personal file.

Signed _____
Faculty Member

Date _____

Signed _____
College Dean

Date _____

Comments and Recommendations: (Please use reverse side of this form for comments and recommendations.)