**Colorado Mesa University Lecturer Evaluation Form**

Lecturer:

Evaluation Term and Year:

Course Title:

Class Evaluator:

Date of Evaluation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Meets Expectations\*** | **Does Not Meet Expectations\*** | **Not Observed** | **Comments** |
| **Syllabus**  -Contains all required course policies (e.g., grading, attendance, EAS, etc.)  -Provides clarity (e.g., course policies and content easily followed)  -States course objectives clearly  -Follows departmental policies  -Includes a clear and helpful schedule |  |  |  |  |
| **Teaching**  - Has a clear organization  - Uses a variety of teaching methods  - Demonstrates a command of subject  - Stimulates student interaction  - Stimulates student interest in subject  - Responds to students at an appropriate level  - Encourages rigorous thinking |  |  |  |  |
| S**tudent Evaluations**  - Illustrate the course is valued by students  - Illustrate the instructor is valued by students  - Indicates a good rapport with students  - Do not indicate a significant and/or repetitive complaint |  |  |  |  |
| **Professionalism**  -Displays a professional demeanor in and out of the classroom  -Acts in accord with departmental and university objectives and mission  -Interacts effectively with colleagues and supervisors |  |  |  |  |

[\*] Expectations based on the CMU *Professional Personnel Employment Handbook* and Departmental Guidelines

Points Scale

4-5 pts Meets Expectations 0-1 pts Does Not Meet Expectations

2-3 pts Needs Improvement N/O Not Observed

Lecturer must be evaluated as “meets expectations” in teaching and one other category to be eligible for future employment consideration. Eligibility for future employment does not connote any promise of future employment. All lecturers are contracted on a term-by term basis and serve as at-will employees.

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Evaluator Signature (if not Academic Department Head) Date

Academic Department Head Signature Date

I, , Agree 🞎 Disagree 🞎 with my Performance Evaluation. Employee

may add comments to this evaluation by noting in this section or attaching additional documentation.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lecturer Signature Date

\*Reviewer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Supervisor of evaluator , i.e., department head/director/

vice president or designee) Date