

PROFESSIONALISM FORM for Emeritus Department Faculty

Evaluation of: _____ Semester: _____

Department: _____

Evaluator: _____ Position: _____

This section to be completed by the department chair / leader or department chair/ leader designee <i>As input to the evaluation procedure</i>	Satisfactory or Better	Needs Improvement	Unsatisfactory	Not Observed (NO) Not Applicable (NA)
1. Maintain collegial relations with peers and staff				
Comments:				
2. Responsive to constructive feedback				
Comments:				
3. Maintains and submits adequate and appropriate records				
Comments:				
4. Observes health and safety regulations				
Comments:				
5. Adheres to departmental and college policies				
Comments:				
Additional comment				

Conference Date: _____

Evaluator's Signature: _____

Evaluatee's Signature: _____

Faculty member's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received.

FACULTY OBSERVATION FORM For Emeritus College Faculty

Evaluation of: _____ Semester: _____

Department: _____

Evaluator: _____ Position: _____

Knowledge, Skill and Ability as an Instructional Faculty Member	Satisfactory or Better	Needs Improvement	Unsatisfactory	Not Observed (NO) Not Applicable (NA)
1. Establishes a student-instructor relationship conducive to learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
2. Communicates ideas clearly and effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
3. Stimulates students' interest and desire to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
4. Promotes active involvement of students in learning activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
5. Demonstrates sensitivity in working with older adults from diverse backgrounds and with unique characteristics/learning styles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
6. Employs appropriate pedagogy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				
7. Begins class promptly and ends at time designated on schedule of classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

8. Uses class time efficiently				
Comments:				
9. Provides students with a syllabus and teaches course content that is consistent with the official course outline of record				
Comments:				
10. Teaches at a level that is appropriate to the course content				
Comments:				
11. Has the appropriate command of the subject matter needed to respond to students' needs				
Comments:				
12. Assesses students' participation in the learning process				
Comments:				
Additional comment:				

Date(s) of Visit: _____

Length of visit: _____ Course (if applicable): _____

Conference Date: _____

Evaluator's Signature: _____

Evaluatee's Signature: _____

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