



**UNIVERSITY OF CENTRAL FLORIDA  
PERFORMANCE EVALUATION OF ADJUNCT FACULTY**

This performance evaluation form is to be completed by the adjunct faculty member's immediate supervisor at the same time regular faculty are evaluated. For more information, please refer to the *Adjunct Faculty Performance Evaluation Procedures*, or call (407) 823-1113.

\_\_\_\_\_  
Name Empl Id

\_\_\_\_\_  
Department/Unit College/VP Area Period of Evaluation

**COURSES TAUGHT (if applicable)**

course prefix & #	sect.	course name

course prefix & #	sect.	course name

**PERFORMANCE PROFILE**

Category	Evaluation rating**	Performance Evaluation <i>Comments are required for each evaluation rating. <b>Detailed and comprehensive</b> comments must be provided for Outstanding, Conditional, and Unsatisfactory ratings. Please attach additional pages as necessary.</i>
Instructional Activities		<b>EVALUATOR'S COMMENTS</b> <i>on instructional activities:</i>
Average FTE*  _____		



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Table with 3 columns: Other University Duties, Average FTE\*, and EVALUATOR'S COMMENTS on other university duties:

\* Weighted FTE for the categories described above over the semester in the evaluation period.
\*\*Evaluation choices are: Outstanding, Above Satisfactory, Satisfactory, Conditional and Unsatisfactory. Please attach additional pages as necessary.

OVERALL EVALUATION ASSESSMENT RATING: \_\_\_\_\_

Immediate Supervisor Printed Name

Immediate Supervisor Signature

Date

Unit Head Printed Name

Unit Head Signature

Date

OPTIONAL COMMENTS BY FACULTY MEMBER

I acknowledge receiving my evaluation summary.

Adjunct's signature

Date