To be completed annually by the Department/Program/Area Chair

Vincennes University Adjunct Faculty Performance Review

Adjunct Faculty Name:

Department/Program/Area:

College or Teaching Location:

Years of Service at VU: Academic Year:

Courses taught this Academic Year.

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Reviewers, please check the appropriate column for each item listed below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Instructional Responsibilities for Adjunct Faculty** | **Meets Standards** | **Needs Improvement** | **Unsatisfactory** | **N/A** |
| Submits syllabus to supervisor by date requested. |  |  |  |  |
| Syllabus complies with University guidelines. |  |  |  |  |
| Posts faculty information on Blackboard. |  |  |  |  |
| Maintains office hours as outlined in University Manual. |  |  |  |  |
| Utilizes Critical Thinking, Reading, Writing or Speaking Intensive Assignments and Rubric if required. |  |  |  |  |
| Submits course assessment data as requested. |  |  |  |  |
| Holds class sessions as scheduled. |  |  |  |  |
| Submits mid-term and final grades on time. |  |  |  |  |
| Responds to student telephone, email and/or Blackboard messages within 2 business days of receipt. |  |  |  |  |
| Responds to communication and requests from supervisor. |  |  |  |  |

Reviewer Comments:

Faculty Comments (if desired):

Check here if comments are attached.

By signing below, I acknowledge that I have been given an opportunity to review my performance appraisal with my supervisor. My signature does not necessarily imply agreement.

**Faculty Signature**   **Date \_\_\_\_\_\_\_\_**

**Reviewer Signature and Position (If not the Chair) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_**

**Chair Signature**   **Date \_\_\_\_\_\_\_\_**

**Dean Signature Date \_\_\_\_\_\_\_\_**

**Provost Signature**  **Date \_\_\_\_\_\_\_\_**