

## ADJUNCT FACULTY PERFORMANCE EVALUATION

Department:  Course:  Course:  Course:  Course:  Course:	CRN: CRN:
Overall Score for Teaching Performance: Scale of 1 to 7 with 1 Low and 7 High)	
SRI Summary:	
Department Chair's Comments:	
Department Chair's Printed Name:	
Department Chair's Printed Name:  Department Chair's Signature:	
	Date:
Department Chair's Signature:Adjunct's Printed Name:	Date:
Department Chair's Signature:  Adjunct's Printed Name:  Adjunct's Signature:	Date: 
Department Chair's Signature:  Adjunct's Printed Name:  Adjunct's Signature:	Date:
Department Chair's Signature:	Date: