

Tenure Evaluation Form

Instructor's Name: _____ Date: _____

Course: _____ Semester/Year: _____

Evaluator's Name: _____ Visit 1 Visit 2 Visit 3 Visit 4

Evaluation Code: 1= Needs Significant Improvement 2= Needs Slight Improvement 3= Satisfactory 4= Good 5 = Excellent

	1	2	3	4	5	N/A
Instructor is prepared for class.						
Instructor presents content in an organized format.						
Instructor uses class time effectively.						
Instructor facilitates student engagement and participation.						
Instructor demonstrates effective class management.						
Instructor demonstrates enthusiasm for the subject matter.						
Instructor's delivery (verbal and nonverbal) is effective.						
Instructor responds appropriately to student questions or comments.						
Instructor's use of technology/media is appropriate.						
Instructor encourages a climate where all opinions and people are valued and respected.						
Instructor links concepts to course outcomes, other material, and relevant career settings.						
Instructor employs techniques and teaching innovations that enhance the learning experience.						

Based on your observations, identify the instructor's strengths.

Based on your observations, what recommendations would you make to this instructor?

Post-Visit Conference Completed Y N

Evaluator's Signature

Candidate's Signature