



**PART-TIME FACULTY EVALUATION  
FORM O | ONLINE COURSES**

☐ VESTED ☐ NON-VESTED

**FACULTY NAME:**

**20**

**COURSE AND SECTION NUMBER:**

**COURSE TITLE:**

**SCHOOL:**

**DEPARTMENT:**

**EVALUATOR'S NAME:**

**TITLE:**

**DATE OF VISITATION:**

**# OF STUDENTS:**

**All PC and Mac users please note:** This form must be opened using **Adobe Reader**; any forms opened/used in "Preview Mode" will not function properly.

**DIRECTIONS:** Every item must contain specific comments including an example to illustrate the evaluator's point and suggestions for improvement if applicable. Each category includes a concise parenthetical, descriptive prompt; however, the evaluator's comments are not limited to those descriptors. Please select the most relevant rating from each drop down box.

**OBSERVED LESSON AND RELEVANCE TO COURSE OUTLINE:**

**COURSE MANAGEMENT SYSTEM COMPONENTS BEING USED:**

<input type="checkbox"/> Announcements	<input type="checkbox"/> Discussion Board	<input type="checkbox"/> Assignments	<input type="checkbox"/> Grouping
<input type="checkbox"/> Drop Box	<input type="checkbox"/> Documents	<input type="checkbox"/> Calendar	<input type="checkbox"/> External Links
<input type="checkbox"/> Chat Room	<input type="checkbox"/> Grades	<input type="checkbox"/> Other _____	

**INSTRUCTIONAL TECHNIQUES BEING USED:**

<input type="checkbox"/> Lecture	<input type="checkbox"/> Class Discussion	<input type="checkbox"/> Small Group Activities
<input type="checkbox"/> Individual Student Assistance	<input type="checkbox"/> Interactive Activity	<input type="checkbox"/> Internet
<input type="checkbox"/> Audio/Visual	<input type="checkbox"/> Web-enhanced	<input type="checkbox"/> Online <input type="checkbox"/> Hybrid

**GOALS/OBJECTIVES:**

Select a rating that is most relevant from the drop down box (left).  
8 – 10 = Strong | 6 – 7 = Competent | 4 – 5 = Marginal | 1 – 3 = Unsatisfactory.

**(Clearly stated verbally or written; relevant to larger goals; connected to other planned activities)**

**Comments:**

Check here if continued on Addendum ☐

**Faculty Name:**  
**Course:**

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Form O

Evaluation Scale: 8 – 10 = Strong | 6 – 7 = Competent | 4 – 5 = Marginal | 1 – 3 = Unsatisfactory

**ORGANIZATION OF LESSON PLAN:**

**(Organized progression from each activity to the next)**

**Comments:**

*Check here if continued on Addendum* ☐

**RESPONSE TIME:**

**(Punctuality responding to student queries and work)**

**Comments:**

*Check here if continued on Addendum* ☐

**USE OF ONLINE TIME:**

**(Punctuality responding to student queries and work)**

**Comments:**

*Check here if continued on Addendum* ☐

**Faculty Name:**  
**Course:**

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Form O

Evaluation Scale: 8 – 10 = Strong | 6 – 7 = Competent | 4 – 5 = Marginal | 1 – 3 = Unsatisfactory

**COURSE MANAGEMENT:**

**(Control of course environment)**

**Comments:**

*Check here if continued on Addendum* ☐

**EXPERTISE OF SUBJECT MATTER:**

**(Mastery of and currency in online teaching approaches; constructivist, etc.)**

**Comments:**

*Check here if continued on Addendum* ☐

**TEACHING METHODOLOGIES (PEDAGOGY/ANDRAGOGY):**

**(Mastery of teaching skills and strategies specific to online education)**

**Comments:**

*Check here if continued on Addendum* ☐

**Faculty Name:**  
**Course:**

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Form O

Evaluation Scale: 8 – 10 = Strong | 6 – 7 = Competent | 4 – 5 = Marginal | 1 – 3 = Unsatisfactory

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**PRESENTATION AND DELIVERY:**

**(Awareness of imaging, vocabulary and delivery of lecture or lesson)**

**Comments:**

*Check here if continued on Addendum* ☐

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**STUDENT INVOLVEMENT:**

**(Evidence of active engagement and participation by students)**

**Comments:**

*Check here if continued on Addendum* ☐

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**LEARNING ENVIRONMENT:**

**(Creates an environment conducive to learning)**

**Comments:**

*Check here if continued on Addendum* ☐

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**RAPPORT:**

**(Evidence of mutual respect and professionalism)**

**Comments:**

*Check here if continued on Addendum* ☐

Faculty Name:  
Course:

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Form O

Evaluation Scale: 8 – 10 = Strong | 6 – 7 = Competent | 4 – 5 = Marginal | 1 – 3 = Unsatisfactory

**OVERALL CLASS VISITATION SCALE:**

**SUMMARY EVALUATION:**

Comments:

Check here if continued on Addendum ☐

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean Comments (Optional): \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Comments (Optional): \_\_\_\_\_