**SIENA COLLEGE**

**Evaluation of Contingent Full-time and Adjunct Faculty Members**

**Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Period of Time Covered by Evaluation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(**e.g., AY 20xx-20yy, or fall semester 20xx)

**This evaluation is being conducted as a requirement of the Articles XVII, Evaluations, of the Collective Bargaining Agreements between Siena College and SEIU representing Adjunct Faculty and Visiting, Instructional, Specified Term and Teaching Faculty. The evaluation must be completed by the end of the semester for which it is required. Once completed, the written evaluation shall be presented to the faculty member who shall read it, sign it and retain a copy. The signed evaluation shall be sent to the appropriate Dean and the VPAA. The faculty member has the option of sending a separate statement to the Department Head, School Dean, and VPAA in the event that he/she disagrees with the assessment or comments of his/her Department Head or School Dean.**

1. ***Quality of Instruction***

Review the comments submitted on the “Classroom Observation Form” and attach them to this evaluation. Also review student evaluation forms for this timeframe. Based on the observations, student evaluations, and other feedback you may have received, list recommendations for improvement in teaching. If you include other feedback, describe it and identify the nature of the source.

***For full-time contingent faculty members, please address the following:***

1. If the faculty member has been asked to advise students in the department, comment on the performance in this regard.
2. In what professional development and service activities has the faculty member participated?
3. If the faculty member is eligible for consideration for a teaching faculty position or promotion, additional comments pertaining to the requirements for such change in status.

***5. For both adjunct and full-time faculty members, add any information not included above that you may have relevant to the faculty member’s performance. (Optional)***

**Signatures:**

Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Dean/ or Department Head

Faculty Member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

REVISED 8/1/18