



AULTMAN COLLEGE

Adjunct Faculty Evaluation

Page 1 to be completed by Division Administrator

GENERAL INFORMATION

Year of Evaluation _____

Faculty Name: _____ Division _____

Workload Assignment: Fall _____ contact hours Spring _____ contact hours

Summer _____ contact hours

FACULTY RESPONSIBILITIES

| Accountability and Professionalism | Meets | Improvement In Progress | Does Not Meet | Comments |
|---|-------------|----------------------------|---------------------|----------|
| <i>Meets established attendance standards</i> | | | | |
| <i>Maintains confidentiality</i> | | | | |
| <i>Adheres to the College dress code</i> | | | | |
| <i>Completes annual employee health requirements:</i> | CPR | | | |
| | TB Test | | | |
| | Safety Test | | | |
| | Other | | | |
| <i>Participates in self-evaluation activities</i> | | | | |
| <i>Maintains license and/or certification</i> | | | | |

| Collegiality | Meets | Improvement In Progress | Does Not Meet | Comments |
|---|-------|----------------------------|---------------------|----------|
| <i>Functions as a professional role model</i> | | | | |
| <i>Commits to a positive work environment</i> | | | | |
| <i>Develops collegial working relationships with students, faculty, colleagues, and community</i> | | | | |
| <i>Promotes a positive learning environment</i> | | | | |
| <i>Holds self and others accountable</i> | | | | |
| <i>Accepts ownership for and/or appropriately directs student and/or customer issues</i> | | | | |

Comments:

Acknowledgement of Evaluation

Faculty Signature: _____ Date: _____

Program/Division Director Signature: _____ Date: _____
