



FULL-TIME FACULTY EVALUATION
FORM LAS - LEARNING ASSISTANCE FACULTY COORDINATOR

FACULTY NAME:

NON-INSTRUCTIONAL ACTIVITY OBSERVED:

SCHOOL/SERVICE AREA:

DEPARTMENT:

EVALUATOR'S NAME:

TITLE:

DATE OF VISITATION:

OF PARTICIPANTS:

DIRECTIONS: Every item, as it pertains to non-instructional faculty members, 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 NON-INSTRUCTIONAL ACTIVITY AND RELEVANCE TO SERVICE AREA:

FACULTY TECHNIQUES BEING USED:

Lecture []

Discussion []

Small group activities []

Handouts []

Interactive activity []

Audio/Visual []

Web-enhanced []

Other: _____

Select a rating that is most relevant from the drop down box.
8-10 = Strong / 6-7 = Competent / 4-5 = Marginal / 1-3 = Unsatisfactory

USE OF TIME:

(Punctuality and use of non-instructional activity time)

Comments:

Check here if continued on Addendum []

Faculty Name:

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Non-instructional activity being observed:

**EXPERTISE IN
SUBJECT AREA:**
(Mastery of and currency in subject matter)
Comments:

Check here if continued on Addendum

**PRESENTATION AND
DELIVERY:**
(Awareness of demeanor, vocabulary, and articulation)
Comments:

Check here if continued on Addendum

LEARNING ENVIRONMENT:
(Creates an environment conducive to learning)
Comments:

Check here if continued on Addendum

Faculty Name:

Non-instructional activity being observed:

**RAPPORT AND
TEAMWORK:**

(Evidence of mutual respect and professionalism; exhibits interpersonal skills and teamwork)

Comments:

Check here if continued on Addendum

OVERALL ACTIVITY OBSERVATION SCALE:

SUMMARY EVALUATION:

Comments:

Check here if continued on Addendum

Evaluator's Signature: _____ Date: _____

Dean's Signature: _____ Date: _____

Dean's Comments (Optional):

Faculty Signature: _____ Date: _____

Faculty Comments (Optional):
