

Mississippi State University Form for Annual Review of Lecturers

For the following semester(s) _____ Fall and/or _____ Spring of _____ (yr)

Lecturer's Name: _____ MSU ID Number: _____

Department/Unit: _____ School/College/Division: _____

The following is an assessment of the teaching performance of the part-time instructional faculty.

Course(s) Taught

Course Prefix & Number	Course Name	Fall/Spring	Reviewed Student Evaluations Y/N
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Check all that Apply: Review of syllabus; Discussion with lecturer; Peer Evaluation;
 Class observation; Other _____

Overall Rating of Teaching (Check one):

Unsatisfactory	Needs Improvement	Satisfactory	Excellent	Superior

Comments and/or suggestions for areas of improvement:

I have discussed this evaluation with the lecturer: Yes No

Head / Supervisor:

Signature

Date