

## 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