



KEAN UNIVERSITY

**LECTURER EVALUATION FORM**  
*(use "Tab" key from one box to another)*

Date this form submitted to Executive Director or Dean	
Name of Lecturer	
College	
Program / Department	
Date of Initial Appointment	

<b>Program/Departmental Evaluation</b>			
<b>Completed by:</b> _____ <b>Title:</b> _____			

1	Lecturer's Initials	Date

# PROGRAM/DEPARTMENTAL LECTURER EVALUATION FORM

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**Attachments:** All completed Student Evaluation forms (SIR II)  
All Course Syllabi from the current academic year

2	Lecturer's Initials	Date

**Checklist for Executive Directors/Deans**

(Each item below should be checked off (X), certifying completion of the activity and inclusion of appropriate documentation in this file)

“X” Below

a.	Written observation of Lecturer's classroom teaching by the <u>Executive Director or Dean</u>	
b.	<u>SIR II Summary forms</u> for student evaluations of all class sections	
c.	Lecturer has initialed and dated all pages in file	
d.	Lecturer has signed the acknowledgment page (p. 4)	

<b>Signature of Executive Director/Dean</b>	<b>DATE</b>
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3	Lecturer's Initials	Date

## ACKNOWLEDGMENT BY LECTURER

The Lecturer must sign below to acknowledge that the specific actions mentioned have been taken. Signing also indicates that the Lecturer is aware of specific rights and responsibilities as indicated in #6 and #7 below.

This is to certify that the Lecturer:

1. Was notified of the University Lecturer evaluation criteria;
2. Has included only materials and documents that evidence progress since hired at Kean;
3. Was shown Executive Director/Dean observation signed by the observer, and has had the opportunity to discuss them with the Executive Director/Dean;
4. Has seen all student evaluations, or a summary of them (SIR II);
5. Has any additional materials attached to or accompanying this form initialed and dated;
6. Has been informed in writing of the evaluation of the Executive Director/Dean;
7. Is aware of the right to respond to the observation or student evaluations and to any additional material (#2, #3, #4 above) by enclosing a signed statement with these materials;
8. Acknowledges that the information presented throughout this document is complete and accurate as indicated by their initials on each page;

Signature of Candidate \_\_\_\_\_

Date \_\_\_\_\_

4	Lecturer's Initials	Date

**CRITERIA FOR EVALUATION**

1. EVIDENCE FOR MASTERY OF SUBJECT MATTER

*(use "Tab" key from one field to another)*

**A. Earned Degrees**

Degree: Field of Study: Institution: Year Degree Received:
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Degree: Field of Study: Institution: Year Degree Received:
--

Degree: Field of Study: Institution: Year Degree Received:
--

Degree: Field of Study: Institution: Year Degree Received:
--

Degree: Field of Study: Institution: Year Degree Received:
--

**B. List Honors, Awards and Distinguished Achievements since hired at Kean**  
*(Please type below)*

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Lecturer's Initials	Date

**C. List appropriate additional educational and professional experiences** (and approximate dates), **including previous teaching experience**  
*(Please type below)*

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Lecturer's Initials	Date

**CRITERIA FOR EVALUATION (cont)**

**II. EVIDENCE FOR EFFECTIVENESS OF TEACHING**

**A. Executive Director/Dean Observations**

One observation from the Executive Director/Dean, must accompany this application. The observation must be discussed with the Candidate, who has the right to respond in writing for inclusion in the file.

The evaluation must:

1. be signed by the Executive Director/Dean making the observation
2. indicate the date of the observation
3. be initialed and dated by the Candidate

The evaluation should be inserted immediately following this page.

Note:

1. In order to satisfy the requirements of due process, the class meeting chosen for evaluation should be one in which teaching competence may be fully demonstrated. Thus examination sessions, class presentations by students, individual private instruction and similar situations are excluded.

2. Fairness to the Lecturer would suggest that the observer be present from the very beginning of the class session so that important information and directions given to the students are not missed.

3. To be helpful to the Lecturer the evaluation should be directed to considerations such as the following:

- a. The Lecturer's knowledge of the content area of the course:
  - the precision and accuracy of information given to the students
  - evidence of the candidate's scholarship observed in the class
  - apparent value of the readings and assignments given to the students
- b. The Lecturer's ability to communicate and facilitate learning:
  - organization of the class presentation
  - clarity and relative importance of the objectives of the presentation
  - ability to motivate and guide students in deepening their knowledge
  - openness and ability to respond to questions

**B. Student Evaluations (SIRII)**

Student evaluations of each course taught should be included. The student evaluation forms should not be administered by the Lecturer.

Please insert **SIR II Summary Reports and any supplemental responses** immediately after this page.

Lecturer's Initials	Date

**CRITERIA FOR EVALUATION (cont)**

II. EVIDENCE FOR EFFECTIVENESS OF TEACHING

- B. **Statement by Lecturer presented to support evaluation including innovations in teaching. List any new teaching materials, teaching techniques, etc., developed since hired at Kean.** Include all course syllabi from the current academic year following this page. (Media production may be included here.) *(Please type below)*

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Lecturer's Initials	Date

**CRITERIA FOR EVALUATION (cont)**

III. EVIDENCE FOR EFFECTIVENESS IN UNIVERSITY AND COMMUNITY SERVICE

**A. Past and Current Non-Teaching Responsibilities**

University, College or Program / Departmental participation in institutional governance, standing or special committees, task forces, curriculum development, student activities, etc. *(Please type below)*

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Lecturer's Initials	Date

**Lecturer's Listing of Documents Included in this file**

The Lecturer should itemize below all documents, letters, transcripts, papers, etc. that have been included with this file.

*(Please type below)*

Signature of Lecturer	
Date	
Signature of Executive Director/Dean	
Date	

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Lecturer's Initials	Date

Satisfactory: \_\_\_\_\_

Unsatisfactory: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provost/Vice President for Academic Affairs

\_\_\_\_\_  
Date