

WINDWARD COMMUNITY COLLEGE
Lecturer Evaluation Checklist

Evaluation Period: _____

Name: _____

Lecturer Step: _____

Directions for Lecturers

- Read the detailed instructions in the UHCCP #9.104.
- Check the following list to ensure that your application is complete.

Required Materials:

1) Checklist

Fill in your name and lecturer step above (i.e. A,B,C).
Check each box that applies to your evaluation.

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2) Signature Page

Fill in your name on the top of the page.

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3) Lecturer Evaluation Report (include elements below)

A. Degree of attainment of student learning outcomes in classes taught*

1. Data 2. Analysis 3. Plan

B. Instructional Strategies

1. Overview of strategies used in classes (inc. materials, resources, etc.)
2. Analysis, including effectiveness 3. Plan

C. Peer Evaluation Overview, Reflection, and Plan

D. Student Evaluation Overview, Reflection, and Plan

E. Responses to prior evaluation recommendations, if any.

**Lecturers beginning in current Spring semester are required by UHCCP#9.104 to turn in a Lecturer Evaluation document. However, these sections, marked with an asterisk*, may yet be in progress. Lecturers will not be penalized for the absence of these sections in the evaluation document, but lecturers must note the reason for the missing sections (e.g. "Student evaluations are not currently available as the current semester is my first semester teaching.")*

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4) Peer Evaluations (Appendix Item)

One peer evaluation per evaluation period.

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5) Student Evaluations (Appendix Item)

Must be conducted every class/semester, and consist of the following:

- Summary sheet (data filled in by lecturer)
- Print out of the computer-generated results
- Student comments for each open-ended item

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6) Recommendations of Reviewing Bodies (Appendix Item)

Signature page and applicable supports

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- Bind all documents checked off **in the order listed above.**
- Submit in **hard copy format** to your Dean's secretary by **April 1st.**

WINDWARD COMMUNITY COLLEGE
Lecturer Evaluation Signature Page

Evaluation Period: _____

Name: _____

Lecturer Step: _____

A. Department Chairperson Review and Recommendation

I have reviewed the materials submitted by the lecturer and assessed the faculty member's strengths and weaknesses. My recommendation is that the lecturer:

☐ **should** be reappointed

☐ **should not** be reappointed

Signature: _____

Date: _____

Recommendations: _____

B. Dean of Academic Affairs Review and Recommendation

I have reviewed the recommendation submitted by the Department Chair. My recommendation is that the lecturer:

☐ **should** be reappointed

☐ **should not** be reappointed

Signature: _____

Date: _____

Recommendations: _____

C. Vice Chancellor of Academic Affairs Review and Recommendation

I have reviewed the recommendation submitted by the Department Chair and Dean. My recommendation is that the lecturer:

☐ **should** be reappointed

☐ **should not** be reappointed

Signature: _____

Date: _____

Recommendations: _____

D. Lecturer's Acknowledgment

I acknowledge having been shown the recommendation for reappointment.

Signature: _____

Date: _____

Comments: _____