

ELIZABETH CITY STATE UNIVERSITY
Form for Annual Evaluation of Faculty Teaching Effectiveness

This form is the official tool for the annual evaluation of faculty teaching effectiveness. Please complete all sections and provide additional comments regarding strengths and weaknesses where necessary.

Evaluation Criteria:

For each category below, please rate the faculty member's performance using the following scale:

- **Exceeds Expectations: 16–20 points**
- **Meets Expectations: 10–15 points**
- **Does Not Meet Expectations: 0–9 points**

Category	Exceeds Expectations (2 points)	Meets Expectations (1 point)	Does Not Meet Expectations (0 points)
Learning Outcomes Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism and Disposition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructional Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pedagogical Practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization and Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective Use of Class Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapport With Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Constructive Feedback for Improvement

Category	Comments:
Learning Outcomes Achievement	
Professionalism and Disposition	

Content Knowledge	
Instructional Delivery	
Pedagogical Practices	
Organization and Clarity	
Classroom Management	
Student Engagement	
Effective Use of Class Time	
Rapport With Students	
Overall Performance	

Department Chairperson: _____ **Date:** _____

Faculty Member: _____ **Date:** _____

☐ Agree with Assessment

☐ Disagree with Assessment

(If disagree, attach a written response within five (5) working days of receipt.)