# Appendix C

## Evaluation Review Form for Part-Time Lecturers[1]

**This form shall be completed during each semester for which the PTL has an appointment.  PTLs who are in their first semester teaching as a PTL at Rutgers University must receive a class observation, in addition to being evaluated via the SIRS or successor instrument.  Sections A and B to be completed by the PTL.  Sections C and D to be completed by Dean or Chair or designee(s).**

### Section A – PTL Information

PTL's Name/Title _____          Date _____

Unit/Department _____ Campus_____

If teaching across multiple units/departments, please provide additional information below:

Unit/Department _____     Campus _____

Semester of Review_____

### Section B – Course Information

Courses Taught in the Semester Indicated Above

| Unit/Department | Campus | Course Number | Course Title | Credits |
|---|---|---|---|---|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Is the employee in his/her first semester as a PTL?    ___Yes                    ___No

### Section C – Class Observation (required for first time PTLs)

Date of Class observation _____

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[1] Departments/units may have additional PTL evaluation procedures, provided that those procedures, at a minimum, provide a level of evaluation consistent with the procedures outlined in Article IX.

Title of Course Visited   _____

Name of Observer _____

**Attach a copy of the Class Observation Report**

**<u>Section D – SIRS Evaluation Review by Dean or Chair or the designee of the Dean or Chair</u>**

The Dean or Chair or the designee of the Dean or Chair has reviewed the SIRS results.  Do the evaluation results (the numerical scores and/or student comments) raise a concern with the Dean or Chair or the designee of the Dean or Chair?

____Yes                ____No

 If yes, a meeting with the PTL is required to discuss any concerns.

Is a meeting with the PTL required to discuss concerns and/or student complaints?

____Yes                ____No

If Yes, indicate date of meeting and provide summary of discussion.

Date of Meeting _____

Summary:

_____  _____
Dean/Chair or designee Signature                Date

PTL's response, if any:

By signing below, the PTL certifies that the PTL received a copy of the form and was provided an opportunity to respond to the comments of the Dean/Chair or designee.  The PTL further certifies that the information provided by the PTL in Sections A and B above are accurate.

_____     _____

Signature of Part-Time Lecturer                              Date


C:      PTL
        Personnel file