Edwards College Teaching Associate Annual Evaluation Form

Teaching Associate Name: ____________________ Department ____________________

Highest Degree earned and date awarded ____________________________

Academic Year: _______ ________ Number of regular semesters taught at Coastal: * __________________
(Fall and Spring semesters, excluding Maymesters and Summer sessions.)

<table>
<thead>
<tr>
<th>Teaching Load</th>
<th>Fall Courses</th>
<th>Enrolled</th>
<th>Spring Courses</th>
<th>Enrolled</th>
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Teaching Associates are to submit to the Department Chair dossier containing:

1. A 1-2 page self-assessment of teaching performance in the given academic year. Include a bulleted list of teaching and professional activities, if applicable, related to your teaching.

2. Copies of representative syllabi for the given academic year (at least one for each regular semester, unless the teaching load is identical for both terms).

3. Other course materials at the discretion of the Teaching Associate or at the request to the evaluating faculty member

4. **Due: Monday, May 13, 2019**

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<tr>
<th>Performance Indicators</th>
<th>Exceeds Expectations</th>
<th>Meets Expectations</th>
<th>Does Not Meet expectations</th>
<th>Not Applicable</th>
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Course Materials:
[Syllabi, examinations, assignments, study guides, ...]

Student Evaluations:

Mandatory Reporting:
[Submission of syllabi, timeliness and accuracy of absence reporting, midterm grades, and final grades]

Self-appraisal:
[Indicates self-awareness of teaching strengths and weaknesses, engagement in discipline, currency of content knowledge]

If an observation was conducted, indicate results here.

Other:
[Varies by appointment, terms and other duties as assigned]

Additional Comments of Evaluating Faculty Member (optional):

Name of evaluating faculty member (Chair or designee): ____________________

Rank/title of evaluating faculty member: ____________________

Signature of evaluating faculty member: ____________________