
VISITING LECTURER RE-HIRE INFORMATIONAL FORM

ABOUT:

Department Heads are responsible for the hiring and rehiring of Visiting Lecturer instructors. Upon your recommendation to re-hire a Visiting Lecturer Instructor for an additional semester, please complete the form below and submit in conjunction with all other required hiring information.

NAME: _____

J#: _____

DEPARTMENT/PROGRAM: _____ SEMESTER/YR: _____

VISITING LECTURER SENIORITY UNITS: _____

VISITING LECTURER EVALUATION

CHECK YES OR NO FOR THE FOLLOWING:

	YES	No
MEETS ALL CLASSES AND FULFILLS ASSIGNED JOB RESPONSIBILITIES	<input type="checkbox"/>	<input type="checkbox"/>
HAS BEEN OBSERVED ACCORDING TO DEPARTMENTAL FACULTY EVALUATION PLAN	<input type="checkbox"/>	<input type="checkbox"/>
RECEIVES (AT MINIMUM) SATISFACTORY EVALUATIONS FROM STUDENTS	<input type="checkbox"/>	<input type="checkbox"/>
FOSTERS A COMFORTABLE & ENGAGING LEARNING ENVIRONMENT	<input type="checkbox"/>	<input type="checkbox"/>
CONSISTENCY & TIMELINESS IN RESPONDING TO COLLEGE REQUIRED REPORTS (E.G., 20% ATTENDANCE, GRADE REPORTS, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>
HOLDS OFFICE HOURS / IS AVAILABLE TO STUDENTS OUTSIDE CLASS	<input type="checkbox"/>	<input type="checkbox"/>
PARTICIPATES IN ASSESSMENT OF STUDENT LEARNING OUTCOMES (AS DEFINED BY THE COLLEGE AND DEPARTMENT)	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

OVERALL:

DO YOU RECOMMEND THIS INSTRUCTOR FOR RE-HIRE AS A VISITING LECTURER? ☐ ☐

DEPARTMENT HEAD SIGNATURE: _____ DATE: _____

DEAN SIGNATURE: _____ DATE: _____

V.P., ACADEMIC & STUDENT SUCCESS SIGNATURE: _____ DATE: _____
