



**Office of the Dean**

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**Visiting Faculty Teaching Evaluation**

*Note: Departments submit this form to the Dean’s Office in early June of each academic year in which the visiting faculty member taught at least one course.*

Name: \_\_\_\_\_

Department \_\_\_\_\_

**Organized courses taught in past year:**

Number/Title \_\_\_\_\_ Spr? Fall? Enrollments \_\_\_\_\_

Number/Title \_\_\_\_\_ Spr? Fall? Enrollments \_\_\_\_\_

Number/Title \_\_\_\_\_ Spr? Fall? Enrollments \_\_\_\_\_

Number/Title \_\_\_\_\_ Spr? Fall? Enrollments \_\_\_\_\_

**Please respond to questions below based on review of syllabus, course materials, and student evaluations of teaching.**

<b>Teaching</b>	<b>Yes</b>	<b>No</b>
1. The syllabi are well organized.		
2. Goals and objectives for the courses are appropriate.		
3. Tests assess the material taught in the class.		
4. Teaching evaluations are favorable.		
5. Teaching materials (e.g., textbook, readings, etc.) are appropriate for the courses taught.		
6. The courses demand an appropriate level of intellectual rigor for students.		
7. Grading criteria are clear.		
8. Visitor is available to students for questions and other issues pertaining to the course.		

**Reviewer’s Comments on Teaching (limit 500 characters):**

\_\_\_\_\_  
Name of Reviewer (print or type)

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of faculty member

\_\_\_\_\_  
Date