

Instructor Performance Review Document

Instructor Information

Name

Employee ID

Department

Review Period

e.g. Jan 2024 - Jun 2024

Performance Criteria

Criteria	Rating (1-5)	Comments
Subject Knowledge	<input type="text"/>	<input type="text"/>
Teaching Effectiveness	<input type="text"/>	<input type="text"/>
Student Engagement	<input type="text"/>	<input type="text"/>
Communication	<input type="text"/>	<input type="text"/>
Professionalism	<input type="text"/>	<input type="text"/>

Strengths

Areas for Improvement

Additional Comments

Reviewer Name

Date

Instructor Signature

Date