

# 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	<div></div>	<div></div>
Teaching Effectiveness	<div></div>	<div></div>
Student Engagement	<div></div>	<div></div>
Communication	<div></div>	<div></div>
Professionalism	<div></div>	<div></div>

## Strengths

## Areas for Improvement

## Additional Comments

Reviewer Name

Date

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Instructor Signature

Date